

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, May 29, 2015 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock, Vice Chairman Hon. Jerry Butler and Directors Lewis M. Collens; Ric Estrada; Ada Mary Gugenheim; Emilie N. Junge; Wayne M. Lerner, DPH, LFACHE; Erica E. Marsh, MD, MSCI; Carmen Velasquez; and Dorene P. Wiese (10)

Absent: None (0)

Additional attendees and/or presenters were:

Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Demien Christiansen – Cook County Department of Public Health
Krishna Das, MD - Chief Quality Officer
Douglas Elwell – Deputy CEO of Finance and Strategy
Claudia Fegan, MD – Executive Medical Director/Medical Director-Stroger
Steven Glass – Executive Director of Managed Care
Randolph Johnston – Associate General Counsel
Gladys Lopez – Chief of Human Resources

Terry Mason, MD – Cook County Department of Public Health
Bill Ragan – State’s Attorney’s Office
Shelly Riedle – Cook County Department of Budget and Management Services
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
Tom Schroeder – Director of Internal Audit
John Jay Shannon, MD – Chief Executive Officer
Deanna Zalas – Cook County Department of Risk Management

II. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

- | | |
|-----------------------|---|
| 1. Christine Boardman | President, SEIU Local 73 (written testimony provided – Attachment #1) |
| 2. Dennis Kosuth | Registered Nurse |
| 3. James Frazier | Registered Nurse |
| 4. John Tillar | Labor Representative, National Nurses Organizing Committee |
| 5. Shirley Overton | Registered Nurse |
| 6. George Blakemore | Concerned Citizen |

During the presentation of public testimony, Chairman Hammock provided comments in response to testimony presented regarding Agenda Item VI(B), proposed negotiated wages and healthcare changes for SEIU Local 73. He stated that this Board is interested in comprehensively reviewing the item, and approving or not approving the item with the full facts and information. The primary reason why the Human Resources Committee did not act on the item on May 22nd is that it did not have comprehensive comparative data showing how these benefits and this compensation compared to other organizations. This information is relevant for comparisons, so the Committee asked staff to go back to provide additional information to satisfy the Committee/Board as to what the comparative data is. He stated that this Board is going to expect that kind of comparative data each time it reviews whatever the compensation or benefits issues are for any and all unions. It is not an unusual request; it is the primary criteria moving forward for these types of items.

III. Employee Recognition

Dr. John Jay Shannon, Chief Executive Officer, recognized employees for outstanding achievements. Details and additional information is included in Attachment #8 - Report from the Chief Executive Officer.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, April 24, 2015

Director Lerner, seconded by Director Marsh, moved the approval of the Minutes of the Board of Directors Meeting of April 24, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. Quality and Patient Safety Committee Meeting, May 12, 2015

i. Metrics (Attachment #2)

ii. **Meeting Minutes

- Approval of clinical training affiliations
- Medical Staff Appointments/Reappointments/Changes

Director Gugenheim presented the Meeting Minutes and reviewed the metrics with Dr. Krishna Das, Chief Quality Officer. The Board reviewed and discussed the information.

During the review of the metrics, Director Wiese inquired whether a measurement can be provided of patient satisfaction with the amount of time it takes them to get an appointment. Dr. Das responded that the Ambulatory clinics track that sort of data; it can be presented in the future.

Director Gugenheim, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of May 12, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Audit and Compliance Committee Meeting, May 21, 2015

i. Metrics

ii. Focus Area Presentation (Attachment #3)

iii. **Meeting Minutes

- Proposed revisions to CCHHS Conflict of Interest Policy

Director Velasquez presented the Meeting Minutes; Cathy Bodnar reviewed the Focus Area Presentation. The Board reviewed and discussed the information.

Following the presentation, Director Wiese inquired whether staff could be surveyed to ask them whether they would be willing to recommend the hospital; the question arose in relation to earlier discussions regarding patient experience. Chairman Hammock stated that it is an interesting idea, and indicated that it might be something that could fall under the jurisdiction of the Human Resources Committee. It was agreed that Directors Velasquez and Wiese will follow up on the subject.

Director Velasquez, seconded by Director Marsh, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of May 21, 2015. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)**D. Managed Care Committee Meeting, May 21, 2015**

- i. Metrics** (Attachment #4)
- ii. Meeting Minutes**

Director Lerner presented the Meeting Minutes and reviewed the metrics with Steven Glass, Executive Director of Managed Care. The Board reviewed and discussed the information.

Director Gugenheim noted that Susan Greene, one of the leaders in the effort to design and launch CountyCare, recently passed away. Dr. John Jay Shannon, Chief Executive Officer, stated that a Board Resolution to honor Ms. Greene is being prepared and will be placed on the agenda for the June 26th Board Meeting.

Director Lerner, seconded by Director Marsh, moved the approval of the Minutes of the Managed Care Committee Meeting of May 21, 2015. THE MOTION CARRIED UNANIMOUSLY.

E. Human Resources Committee Meeting, May 22, 2015

- i. Metrics** (Attachment #5)
- ii. **Meeting Minutes**

Director Wiese presented the Meeting Minutes and reviewed the metrics with Gladys Lopez, Chief of Human Resources. The Board reviewed and discussed the information.

During the discussion, Director Junge inquired regarding the number of vacancies in nursing. Ms. Lopez stated that she can provide information on the number of requests to hire in process for nursing positions. Director Junge noted that it would be useful at the Board level, not only at the Committee level, to know how many people have left and their categories. Director Wiese indicated that this will be reflected in future metrics presented to the Board.

Director Wiese, seconded by Director Marsh, moved the approval of the Minutes of the Human Resources Committee Meeting of May 22, 2015. THE MOTION CARRIED UNANIMOUSLY.

F. Finance Committee Meeting, May 22, 2015

- i. Metrics** (Attachment #6)
- ii. Meeting Minutes**

- Approval of payment in the amount of \$246,061.53 to Metropolitan Chicago Healthcare Council for legal and service fees relating to the Budget Neutrality Adjustment Group Appeal. This Appeal resulted in a total benefit of \$1.86 million received by CCHHS from the Centers for Medicare and Medicaid Services.
- Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)

Director Collens presented the Meeting Minutes and reviewed the metrics with Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy. The Board reviewed and discussed the information.

Mr. Elwell stated that request number 14 under the Contracts and Procurement Items is being withdrawn at this time. It is anticipated that it will be re-presented next month.

IV. Board and Committee Reports

F. Finance Committee Meeting, May 22, 2015 (continued)

Director Collens, seconded by Director Lerner, moved the approval of the Contracts and Procurement Items, with the exception of request number 14 which was withdrawn, subject to completion of review by Contract Compliance where appropriate, and approval of the payment to MCHC, contained within the Minutes. THE MOTION CARRIED UNANIMOUSLY.

Director Collens, seconded by Director Wiese, moved the approval of the Minutes of the Finance Committee Meeting of May 22, 2015. THE MOTION CARRIED UNANIMOUSLY.

V. Board Education

A. Focus Area Presentation – Cook County Department of Public Health (Attachment #7)

Dr. Terry Mason, Chief Operating Officer of the Cook County Department of Public Health (CCDPH), reviewed the presentation on CCDPH.

Director Gugenheim inquired regarding tuberculosis cases; she asked for the number of cases seen that are multi-drug resistant. Dr. Mason responded that he will provide that information to her.

Director Lerner inquired whether information can be provided regarding ranking of health status by community. Dr. Mason indicated that there is information that he can share regarding county rankings around both overall health status and the drivers of health status.

VI. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly to the Board for its consideration.

B. Approval of negotiated wages and healthcare changes for:

- SEIU Local 73- Health Care Professionals
- SEIU Local 73- Hospital Technologists
- SEIU Local 73- Service Employees
- SEIU Local 73-Hospital Technicians

This item was reviewed and discussed at the May 22, 2015 Human Resources Committee Meeting.

The Board took action on this item following the adjournment of the closed meeting.

Director Wiese, seconded by Director Lerner, moved the approval of the negotiated wages and healthcare changes for SEIU Local 73 Health Care Professionals, Hospital Technologists, Service Employees and Hospital Technicians. THE MOTION CARRIED.

Director Junge abstained on the matter.

C. Any items listed under Sections IV, VI and IX

VII. Report from Chairman of the Board

In the interest of time, Chairman Hammock deferred his report.

VIII. Report from Chief Executive Officer (Attachment #8)

A. Strategic Plan Progress

Dr. Shannon provided an update on several subjects; detail is included in Attachment #8.

Following the adjournment of closed session, Dr. Shannon provided the following comments.

I want to speak regarding two things - in response to some of the things you heard in public testimony today about the status of nurse staffing, particularly at Stroger Hospital, and some untruths related to that, and secondly a brief notice on C4.

I just want to remind the group, and I think we have shared this before, on April 30th, we were notified by the mediator working on the NNOC negotiations with our leadership team, that the nurses had voted to authorize a one-day strike. This followed on the heels of our settling with them on the influenza vaccination. I should point out, following up on Dr. Mason's comments, that I have spoken with the Director of the Illinois Department of Public Health, and the Director for the Chicago Department of Public Health - both have voiced support of the notion to get the administrative rules changed around healthcare workers and a mandatory vaccine. I hope that in the tumult of stuff going on at the State level we can find time to do that.

Nonetheless, the nurses did vote to authorize a strike. They have not given us any information that they have any plans to stage the strike or that they have scheduled a strike. I'll also remind you that, should they give us that notice, the typical practice would be a five-day advance notice of any kind of activity. We feel fairly confident, given that notice, that we would be able to go to the Illinois Labor Relations Board, explain the circumstances, and get them to put in a stop decree to that, for at least the high-risk, high-acuity areas like the Emergency Room (ER), Operating Room and Med/Surg floors. What I do want to address is some of the stuff that has been brought up and propagated around the campus and across the System by the nursing union, which I do take exception to.

First of all, I would point out that, when they talk about nurse vacancies, and massive amounts of overtime, that is simply not true. We do not have any areas at Stroger or elsewhere today that we feel we are providing unsafe nurse staffing levels. It is true that we use a whole variety of mechanisms to make sure we have appropriate nurse staffing levels, and that includes staffing to acuity. So we do not, as they are recommending, follow a patient to nurse ratio - that is an overly simplistic approach that we think is incorrect; in fact, what we do is we staff based on both the census of the area and the acuity in the nursing services needed by those patients. This is what virtually every organization does today, with the exception perhaps of places located in the State in California. If we find we have areas that are relatively understaffed or it looks like they're going to be understaffed, they will be covered in some combination of either nurses floating from an area, where perhaps their census has dipped, or by in-house registry - these are nurses familiar with the System, that will be able to plug a gap - or by nurses working overtime within the range that is allowed by the Cook County recommendations about overtime. That range is 624 hours per year; that is 24 hours per 26 pay periods. We think that if nurses go over that amount, particularly if they go way over that amount, we get worried about nurses being tired and making mistakes, so we think that the overtime recommendations from the County on this are appropriate. As a last option, we will call in registry nurses to plug the gap, but we do not have unsafe staffing. The nursing union has put out and published comments that because of a smaller number of nurses we've had longer ER waits; we have in fact shared with you over the past year, FY2014 in particular, that we've dropped our ER waits by more than 35%, so that's simply not true. A third claim is that nurses have been bargaining for a contract since November 2012 and we're unwilling to negotiate on that contract; this is also not correct.

VIII. Report from Chief Executive Officer (continued)

We have strong and significant differences with the nurses. In particular, I would say there are three areas where we are far apart right now. One area is regarding the wage increase that they are asking for - dating back to 2012, they are asking for a 5% per year wage increase every year of a five year contract (2012-2017). We don't think that is right, and we think it is not consistent with the scale that we're paying compared to the market rates. The second area is on staffing by number and ratio. As I mentioned, totally disagree on that. The third area that we have very significant disagreements about is that the nursing union's position has been that they want to use seniority as the primary decision-maker about whether an applicant for a position gets the job; we simply disagree about that.

So we continue to bargain in good faith with the nursing union, but different from SEIU, AFSCME and a couple of the other unions, we're still pretty far apart. We're doing our best, and we're going to stay bargaining in good faith. They've made a claim that the organization can't hire nurses and that we're not expending energy trying to attract and fill nursing positions - that is just a crazy idea. You've heard in general, that it is taking us about five vacancy fills to fill one position for nursing, because of the bumping from shift to shift, bid shifting, and the ability to go back within 90 days of getting a posting. The amount of inefficiency associated with that is very problematic. Additionally, to say that we're wasting money, which has been the implication, on marketing externally, is also incorrect. We are in a competitive environment, and we are spending a very modest amount of money to in fact try to attract business, to fill the place up, both in our Ambulatory and inpatient environment. I'm happy to answer any questions people might have about this, but what we are trying to do is try to reach out to the nurses as best we can, and we're trying to reach out to the rest of the organization. The allusion that was made to the System Briefs - in fact, we did say a number of these things, in a public email, to our employees, because we want our employees to be reassured that we are in fact trying to do what we can to staff the place appropriately and everything else. I don't know how much the nursing union leadership is accurately and in a proportional way representing the nurse on the street or the nurse at the bedside, if you will. We don't have a good feel for what the degree of engagement of all the nurses is with the nursing union; we have no idea how many nurses voted in the authorization for a strike, and the union won't share that information with us.

On a different subject, here is a reminder and a more public acknowledgement and update on the agreement we entered into with C4. You'll recall, and we shared with you, that we entered into a provider agreement within the last few weeks with C4, to provide behavioral counseling services for our CountyCare members, who are the traditional Medicaid population. C4 has a long track record of effective community and home-based counseling that we think in the long run aligns with our own behavioral health strategy, which is evolving. We are going to be giving a presentation to you all in June on our overall behavioral health strategy and we'll give you some background and information as it relates to that, but again, just to give you the information that our arrangement with C4 is a provider agreement through CountyCare, our Medicaid health plan, for the FHP and SPD populations. It is based on a per-member per-month rate, for those behavioral health services. It is our hope, that in addition to doing that, that we as an organization will be able to grow our own behavioral health strategy from the skills that C4 has. We think we're doing this in a fiscally prudent way, and in a way that both brings better services to our patients but also insulates the organization from financial risk. We're confident about that and as we go along in this relationship, we'll have the ability to see how effectively C4 is providing these services - if they're not, we won't continue with that agreement.

(end of comments)

IX. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Minutes of the Quality and Patient Safety Committee Meeting, May 12, 2015**
- D. Minutes of the Audit and Compliance Committee Meeting, May 21, 2015**
- E. Minutes of the Human Resources Committee Meeting, May 22, 2015**
- F. Approval of negotiated wages and healthcare changes for:**
 - **SEIU Local 73- Health Care Professionals**
 - **SEIU Local 73- Hospital Technologists**
 - **SEIU Local 73- Service Employees**
 - **SEIU Local 73-Hospital Technicians**

Director Lerner, seconded by Director Wiese, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Hammock, Vice Chairman Butler and Directors Collens, Estrada, Gugenheim, Junge, Lerner, Marsh, Velasquez and Wiese (10)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

The Board took action on the labor-related matters under Agenda Item VI(B) following the adjournment of the closed meeting (see page 4 for the motion).

X. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
May 29, 2015

ATTACHMENT #1



SERVICE EMPLOYEES
INTERNATIONAL UNION
LOCAL 73
www.seiu73.org

CHRISTINE BOARDMAN
President

MATT BRANDON
Secretary-Treasurer

BETTY BOLES
Vice President

DALE HILLIER
Vice President

PHIL MARTINI
Vice President

TIM MCDONALD
Vice President

TAALIB-DIN ZIYAD
Vice President

CHRIS BONDI
Recording Secretary

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219.884.4901
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Presentation to the Cook County Health & Hospital System Board

Friday, May 29, 2015

Good morning Ladies & Gentlemen. My name is Christine Boardman, and I am the President of SEIU Local 73 which has members covered under five (5) different contracts within the Cook County Hospital system. Our last contracts expired on November 30, 2012. It took a lot of work on both sides of the aisle, to reach a satisfactory agreement. It was with great disappointment that I learned that the motion to approve the five (5) agreements was not passed by the Human Resource Committee at one of your last meetings.

I have worked inside of Cook County since 1988. This goes back to George Dunne days and includes all of the successive Presidents of the County Board, including now President Toni Preckwinkle. Possibly some of you are unaware, but for years the entire County has implemented the same health insurance system for every single bargaining unit throughout the County. This also includes all non-union employees throughout the County. This also means that the County has the legal obligation to bargain fairly with each unit and their exclusive representative. This includes every Union in the County, Teamsters, AFSCME, NNOC and the skilled trades.

Bargaining is a two-way street. We did not get everything that we wanted in the contracts, and neither did management. And this applies to every section of the contract. Failure to approve these contracts will result in extreme discord amongst our members, who did ratify the agreements. We have attempted to work with the hospital system. The entire Board of Commissioners of Cook County unanimously approved all of our agreements which include the Office of the President, and joint employers that are elected officials, such as the Recorder of Deeds, Cook County Sheriff, Cook County Clerk, and Cook County Treasurer.

I strongly urge you to approve of these contracts today. Thank you.

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
May 29, 2015

ATTACHMENT #2

Quality Dashboard

CCHHS QPS Committee Dashboard													CCHHS Board Metrics - Quality												
Data as of 05/05/2015																									
PERFORMANCE MEASURES																									



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

Presentation Title in Footer | Date

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
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ATTACHMENT #3



CCHHS BOARD OF DIRECTORS

Focus Report – Corporate Compliance

May 29, 2015



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

Meeting Objectives

Review Corporate Compliance Controls of the CountyCare Health Plan through,

- CountyCare Oversight Meetings
- Grievances and Appeals Monitoring
- Fraud, Waste, and Abuse Activity



CountyCare Oversight Structure



Committees have been established to ensure proper oversight and monitoring of operations, policies and compliance with contractual terms.

CountyCare Health Plan Compliance Oversight Committee Meetings

Monthly Meetings

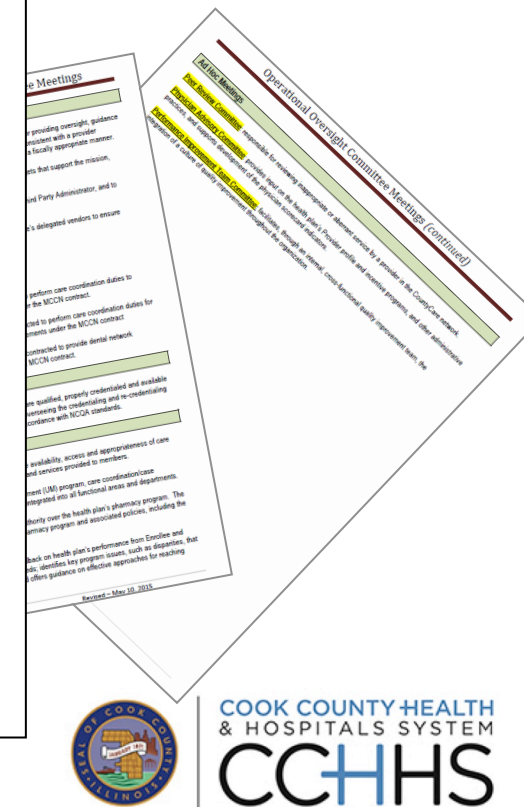
CountyCare Compliance Committee: provides oversight of and guidance to CountyCare operations to fulfill the Compliance Plan requirements, which include the implementation and operation of the Compliance Program.

Grievances and Appeals Committee: responsible for maintaining compliance with contractual, federal, and accrediting body requirements, including NCQA standards, related to the processing of grievance and appeals. The scope of the GAC includes tracking and analysis of member grievances and appeals from all delegated vendors including type and timeliness of resolution, performing barrier and root cause analysis and making recommendations regarding corrective actions as indicated.

Fraud Waste and Abuse Committee: oversees all fraud, waste and abuse detection, investigation and reporting procedures of CountyCare and its delegated vendors.

Quarterly Meetings

Policy Committee: workgroup to ensure all CountyCare policies are reviewed on an annual basis.



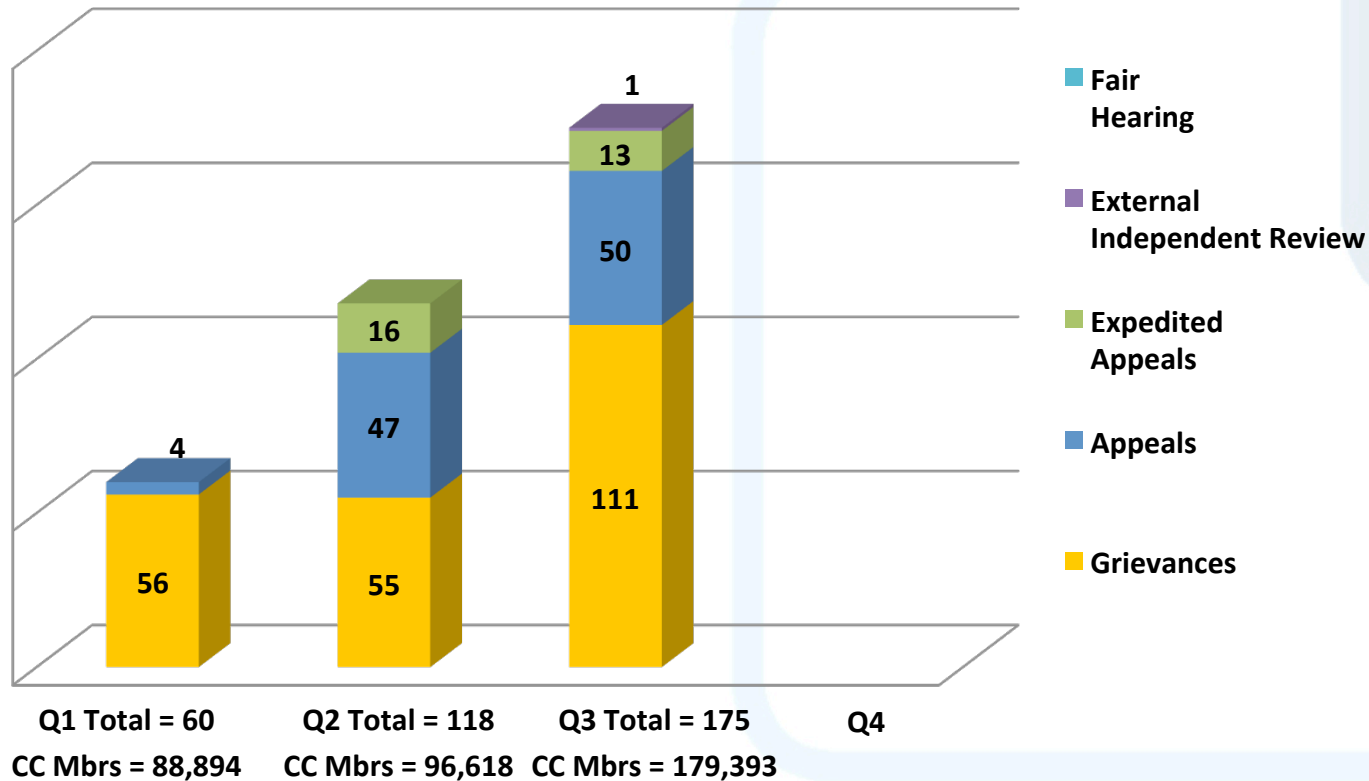
COOK COUNTY HEALTH
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CC+HS

Audit & Compliance Committee of the Board | May 21, 2015

Grievances & Appeals Metrics

State Fiscal Year

July 2014 – June 2015



COOK COUNTY HEALTH
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Audit & Compliance Committee of the Board | May 21, 2015

Fraud, Waste and Abuse Program



The Goal:

To protect the member in the delivery of healthcare services through timely detection, investigation and prosecution.

Achieved by establishing:

- Defining methodology to address the range of Fraud, Waste, and/or Abuse (FWA) activities;
- Establishing policies and procedures;
- Reporting identified issues, including referrals to state and local authorities; and
- Identifying and monitoring training programs.



FWA Training

- Initial onboarding for staff and providers.
- CountyCare workforce training includes:
 - Focused HFS OIG FWA in-person training;
attendees: CountyCare staff, third party administrator (IlliniCare) compliance staff, CCHHS staff with oversight, Cook County Office of Inspector General (OIG)
 - Local and National Conferences;
 - CCHHS annual education to incorporate FWA training.

FWA Methods

- Define a cohesive process across all delegated vendors with centralized reporting to Corporate Compliance and hold vendors accountable.
- Monitor Payment Integrity and Special Investigations Unit Activities.
- Develop an annual work plan focusing on vulnerable areas/services.

For example, the 2015 work plan includes,

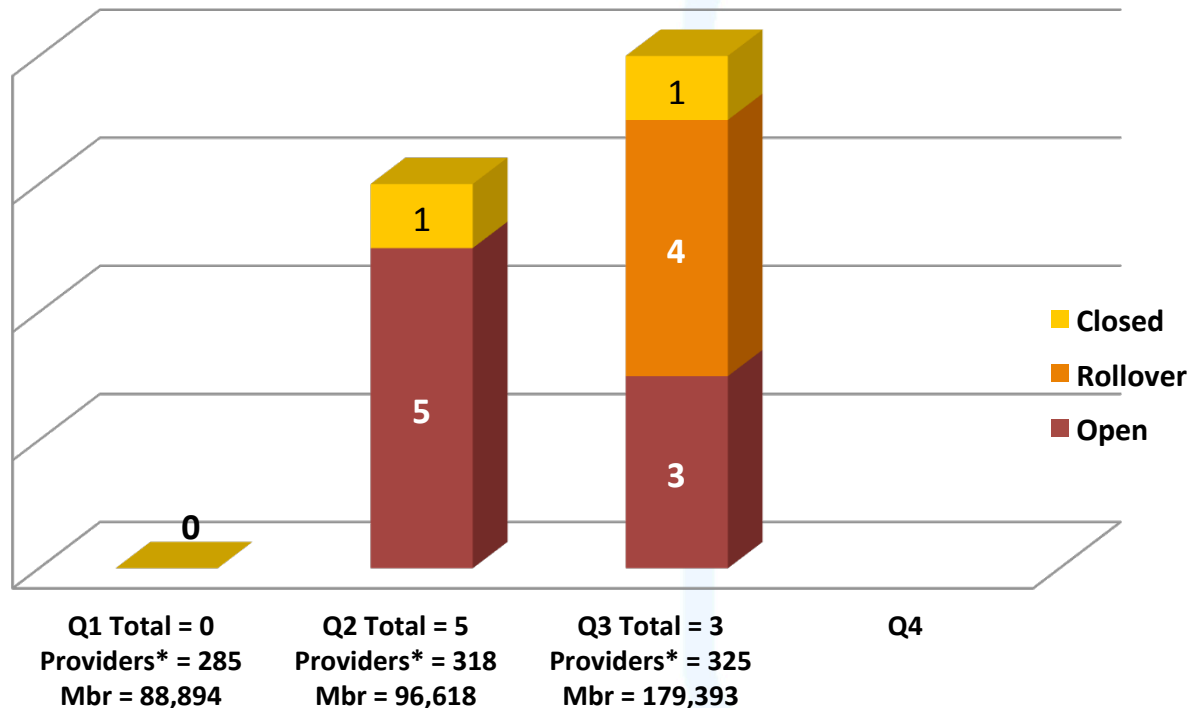
- Adult Day Services;
- Transportation;
- High Cost Drugs;
- Hospice;
- Home & Community Based Waiver Programs;
- Flexibility to respond to emerging issues.



FWA Investigation Metrics

State Fiscal Year

July 2014 – June 2015



* The Provider count is based upon the Taxpayer Identification Number (TIN).
There is a many to one ratio.



COOK COUNTY HEALTH
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Audit & Compliance Committee of the Board | May 21, 2015

FWA Member Restriction Programs

Pharmacy “Lock-In Program”

- Designed to detect and prevent abuse of the pharmacy benefit by restricting Members to one specific pharmacy for 1 year.
- Referrals come from two sources:
 - Members who were previously restricted in Medicaid’s Fee-for-Service Program
 - CountyCare’s criteria

CountyCare Pharmacy Lock-In Program Participants

State Fiscal Year 2015 Metrics

Q1 – 1 member

Q2 – 0 (no members)

Q3 – 3 members

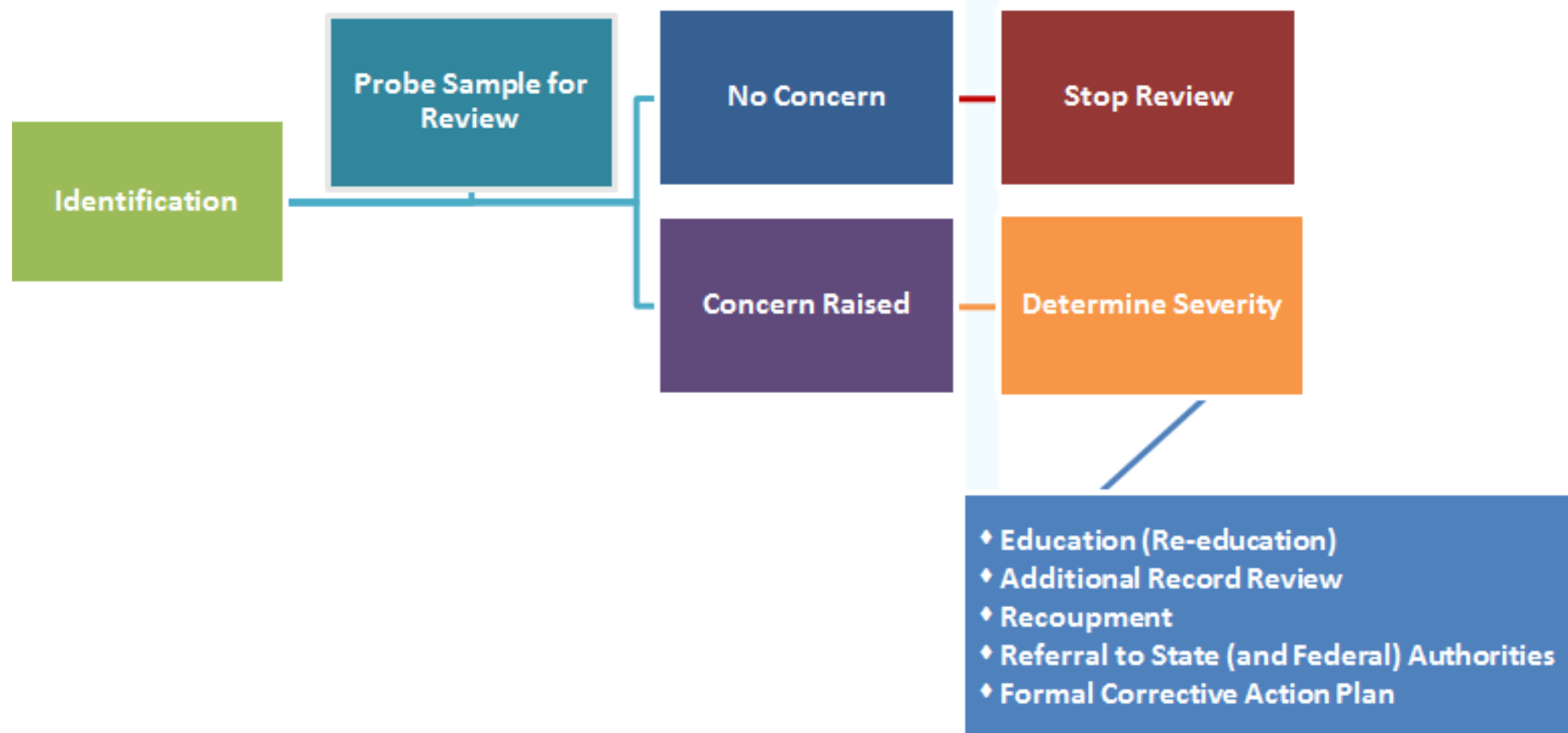


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FWA Policies & Procedures

Process flow for claims review. Goal is uniformity with each delegated vendor. FWA processes assure consistency.



HFS OIG Program Oversight Meetings

Monthly meetings are coordinated through Corporate Compliance and involves CountyCare as a whole.

- Agenda topics include review of:
 - Monthly FWA Log;
 - Work Plan and Payment Integrity Activities;
 - Recipient Restriction/Lock In Program Activity;
 - Adverse actions and involuntary terminations;
 - OIG sanctions, payment suspensions, sanctions and integrity agreements; and
 - Current topics, trends, fraud schemes, and program vulnerabilities.





Questions



Cook County Health and Hospitals System
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ATTACHMENT #4



CountyCare Metrics

Prepared for: CCHHS Board of Directors

STEVEN GLASS, EXECUTIVE DIRECTOR,
MANAGED CARE

MAY 29, 2015

Membership

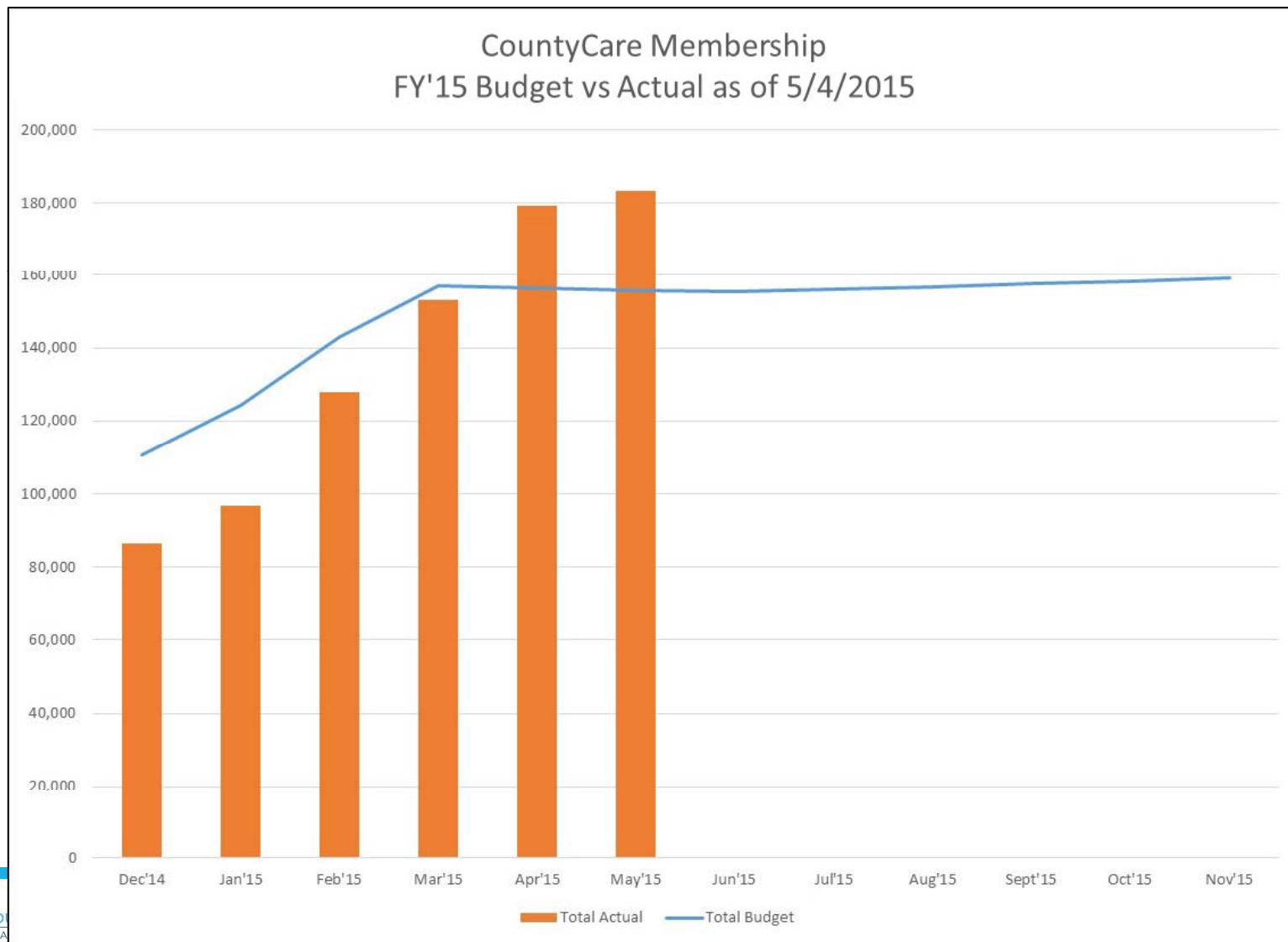
Data as of: 5/4/2015 | Source: Daily Membership (834) File

Key Measures	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
Monthly Membership	153,118	179,393	183,415	2.2%	↑	155,860	117.7%
ACA	85,984	92,270	90,491	-1.9%	↓	76,869	117.7%
FHP	64,494	84,324	90,140	6.9%	↑	74,506	121.0%
SPD	2,640	2,799	2,784	-0.5%	↓	4,485	62.1%
Home/Community Waiver (incl DD)	474	500	501	0.2%	↑		
LTC	156	161	176	9.3%	↓		
FYTD Member Months	464,097	643,490	826,905			847,159	97.6%
ACA	323,223	415,493	505,984			489,740	103.3%
FHP	133,093	217,417	307,557			333,518	92.2%
SPD	7,781	10,580	13,364			23,902	55.9%

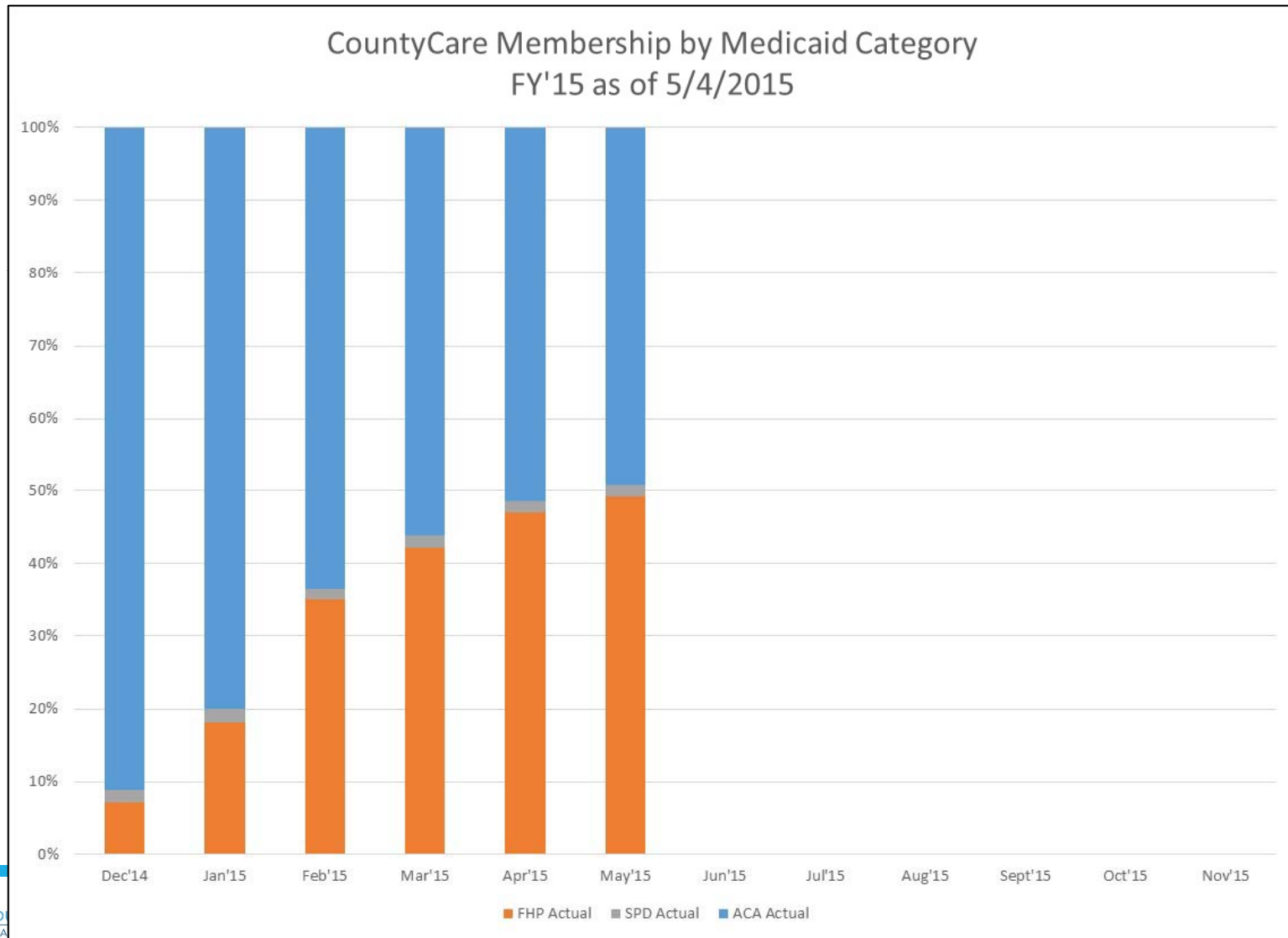
Gender = 56% Female; 44% Male

Average age = Female: 32 y/o; Male: 30 y/o

Membership Trend to Budget



Members by Medicaid Category



Health Plan Comparison

Source: IL HFS, Greater Chicago Region

FHP/ACA Adults, Greater Chicago Region

Health Plan	Sponsoring Organization(s)	Feb'15 #	Mar'15 #	Apr'15 # % Total	# Change Month Prior	% Change Month Prior
Family Health Network	Mt. Sinai, Norweigan, Resurrection, St. Anthony, St Bernard	213,537	195,996	181,459 13.0%	(14,537)	-7.4%
CountyCare	Cook County/CCHHS	123,920	149,005	176,597 12.7%	27,592	18.5%
Blue Cross Blue Shield	Health Care Services Corp.	112,352	142,468	163,530 11.7%	21,062	14.8%
Harmony Health Plan	WellCare	120,630	119,459	137,257 9.8%	17,798	14.9%
IlliniCare Health Plan	Centene, Inc.	102,208	120,302	134,587 9.7%	14,285	11.9%
Meridian Health Plan		87,161	101,595	111,923 8.0%	10,328	10.2%
Aetna Better Health Inc.		77,676	94,892	106,144 7.6%	11,252	11.9%
Advocate Accountable Care (ACE)	Advocate Physician Partners	75,948	83,117	87,162 6.3%	4,045	4.9%
SmartPlan Choice (ACE)	Presence Health Partners, Independent Phys Alliance of IL	60,162	72,331	72,291 5.2%	(40)	-0.1%
MyCare Chicago (ACE)	Lurie, Mercy, Norweigan, Swedish/Asian Human Svcs, Erie, Heartland HC, Mercy, Near North, PCC/C4	30,628	47,266	55,496 4.0%	8,230	17.4%
Community Care Partners (ACE)	NorthShore, Vista, Lake County Health Dept, Erie	37,195	38,854	38,982 2.8%	128	0.3%
HealthCura (ACE)	Access Community Health Network	20,908	20,380	32,365 2.3%	11,985	58.8%
Better Health Network (ACE)	St Bernard's, Loretto, South Shore, Roseland/Aunt Martha's, Beloved	11,860	21,292	29,632 2.1%	8,340	39.2%
UI Health Plus (ACE)	UI Health	12,926	23,707	27,650 2.0%	3,943	16.6%
Loyola Family Care (ACE)	Loyola Univ Health System	22,060	23,780	23,501 1.7%	(279)	-1.2%
Next Level (CCE serving ACA only)		2,174	9,222	9,177 0.7%	(45)	-0.5%
Illinois Partnership for Health (ACE)	Blessing Health System, Cadence, Decatur Memorial, KishHealth, Memorial Health, OSF, Riverside Medical Ctr, Rockford Health System, Carle Fdn	3,676	3,610	3,674 0.3%	64	1.8%
Lurie Children's Health Partners (CSN CCE)	Lurie Childrens Hospital	1,596	1,688	1,678 0.1%	(10)	-0.6%
LaRabida Coordinated Care Network (CSN CCE)	La Rabida Childrens Hospital	595	637	541 0.0%	(96)	-15.1%
Total		1,117,212	1,269,601	1,393,646	124,045	9.8%

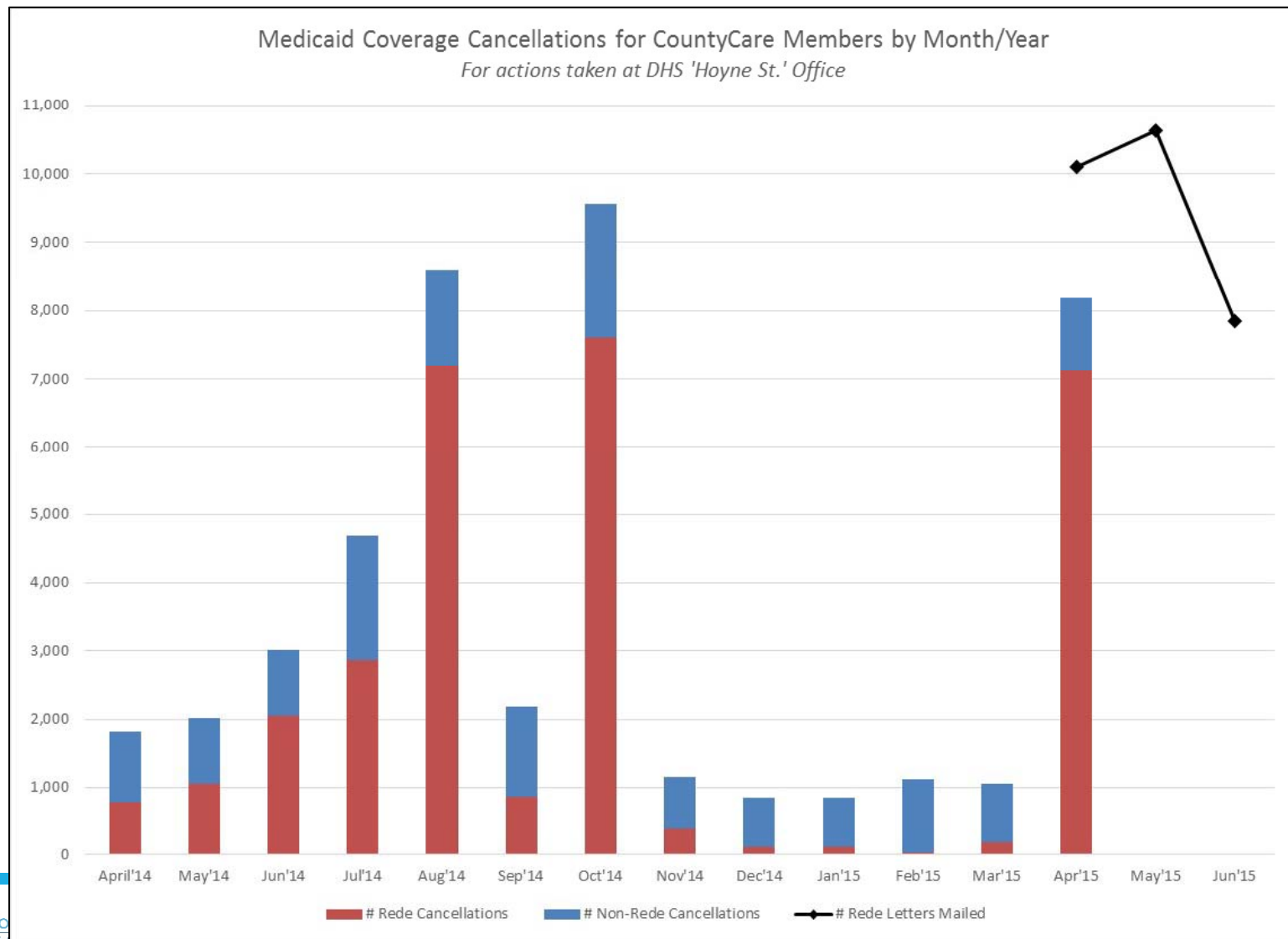
Health Plan Comparison

Source: IL HFS, Chicago Region (includes suburban Cook & Collar Counties)

ICP Greater Chicago Region (SPD population)

Health Plan	Sponsoring Organization(s)	Feb'15 #	Mar'15 #	Apr'15 # % Total	# Change Month Prior	% Change Month Prior
Aetna Better Health Inc.		29,130	28,852	28,640 30.1%	(212)	-0.7%
IlliniCare Health Plan Inc.	Centene Inc.	27,785	27,372	27,178 28.5%	(194)	-0.7%
Community Care Alliance of Illinois	Family Health Network	7,793	7,841	7,740 8.1%	(101)	-1.3%
Blue Cross/Blue Shield of Illinois	Health Care Services Corp	5,998	6,201	6,288 6.6%	87	1.4%
Humana Health Plan		4,542	4,588	4,524 4.7%	(64)	-1.4%
Meridian Health Plan		4,332	4,447	4,457 4.7%	10	0.2%
Cigna HealthSpring of Illinois		4,300	4,390	4,410 4.6%	20	0.5%
Next Level (CCE)		3,516	3,423	3,353 3.5%	(70)	-2.0%
CountyCare	Cook County/CCHHS	2,586	2,648	2,704 2.8%	56	2.1%
EntireCare (CCE)	Healthcare Consoritum of IL (St Bernard, Chicago Family, St James, MFS, South Shore, Roseland, HRDI, Metro South)	2,584	2,548	2,468 2.6%	(80)	-3.1%
Together4Health (CCE)	Heartland Health Outreach	2,309	2,273	2,175 2.3%	(98)	-4.3%
Be Well (CCE)	MADO Healthcare	1,380	1,384	1,368 1.4%	(16)	-1.2%
Total		96,255	95,967	95,305	(662)	-0.7%

Medicaid Cancellations



Risk Management

Key Measures	Feb'15	Mar'15	Apr'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<u>ACA Adult Membership</u>						3/2014 Baseline	
% 19-24 y/o	16.3%	16.2%	15.9%	-0.3%	--	17.0%	-1.1%
% 25-34 y/o	16.0%	16.0%	16.1%	0.1%	--	14.8%	1.3%
% 35-44 y/o	13.4%	13.4%	13.3%	-0.2%	--	13.5%	-0.2%
% 45-54 y/o	26.0%	25.8%	25.0%	-0.8%	--	27.6%	-2.6%
% 55+ y/o	29.0%	28.6%	27.7%	-0.9%	--	27.0%	0.7%
<u>Pharmacy</u>							
# Scripts filled	136,708	179,367	177,742	(1,625)	↑		
% Utilizing Members	31%	32%	29%	-3.0%	↑		
# Scripts/Utilizer	3.44	3.60	3.40	(0.20)	--		
% Generic dispensing	83%	83%	83%	0%	--		
% Brand Single Source	16%	16%	16%	0%	--		
% Formulary	98%	98%	98%	0%	--	98%	0.0%
% CCHHS HIV pt meds @ CCHHS pharmacy	29.8%	33.1%	36.7%	3.6%	↑	80%	-43.3%
% Maintenance Rx on Extended Supply (>84 days)	13.1%	15.1%	30.0%	14.9%	↑	85%	-55.0%
<u>Reinsurance</u>							
# Claims filed	0	0	0	0.0%			

Care Management

Key Measures	Feb'15	Mar'15	Apr'15	May'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<u>PCMH Assignment</u>								
% Members Assigned to PCMH	99.9%	98.5%	96.7%	96.3%	-0.4%	↑		
% Members Unassigned	0.1%	1.5%	3.3%	3.7%	0.4%	--		
# Assigned CCHHS/ACHN	29,810	33,986	36,268	36,559	291	↑		
% Total Members @ CCHHS/ACHN	23.3%	22.2%	20.2%	19.9%	-0.3%	--		
# Assigned MHN ACO	48,148	59,852	79,542	82,416	2,874	↑		
% Total Members @ MHN ACO	37.7%	39.1%	44.3%	44.9%	0.6%	--		
<u>Member Risk Stratification</u>								
Total Outreached Members YTD	54,894	73,402	75,684		2,282	↑		
Health Risk Assessments/Screenings YTD	19,242	26,829	32,571		5,742	↑		
YTD % High Risk Members	3.1%	2.5%	2.4%		-0.1%	--	2.0%	0.4%
<u>Referral Management</u>								
# Authorizations: Inpatient	1,355	1,677	2,132		455	↑		
# Authorizations: Outpatient	2,092	2,901	3,397		496	↑		
<u>ACA Utilization Management (rolling 12 month)</u>								
							Nov'14 Baseline	
Admits/1,000 member months	169	175	167		(8)	↑	168	-0.6%
Bed Days/1,000 member months	754	781	740		(41)	↑	737	0.4%
ALOS	4.9	4.5	4.4		(0.1)	--	4.4	0.0%
ED Visits/1,000 member months	1,003	989	967		(22)	↑	1,017	-4.9%
% 30-day Readmissions	22%	23%	21%		-2%	↑	20%	5.0%
<u>ACA CCHHS Utilization (since 7/1/2014)</u>								
	FY'15 Q1* (N=242,564)		FYTD'15 Q2* (N=143,170)				FY'14 Q4 Benchmark	
Emergency Room	14.2%		14.3%		0.0%	--	17.2%	-2.9%
Hospital Inpatient	12.4%		14.1%		1.7%	↑	10.9%	3.2%
Hospital Outpatient	31.2%		44.7%		13.5%	↑	28.8%	15.9%
Other Medical	0.6%		0.8%		0.1%	--	1.1%	-0.3%
Primary Care	37.7%		32.6%		-5.1%	↓	39.8%	-7.2%
Specialist	12.1%		9.2%		-2.8%	↓	6.8%	2.4%
Total	18.8%		17.9%		-0.9%	--	19.1%	-1.2%

Operations

Key Measures	Feb'15	Mar'15	Apr'15	Change From Prior Month	Trend	FYTD'15 Budget or Goal	% to Budget/ Goal
<u>Call Center</u>						Goal	Goal Met
Call Volume	25,825	29,950	29,374	(576)			
Abandonment rate	2.6%	1.4%	1.4%	0.1%	↑	<4%	Y
Hold time	:00:38	:00:23	:00:27			< :01:00	Y
Average speed to answer	:00:23	:00:13	:00:14			< :00:45	Y
<u>Claims Processing</u>						# Days	Goal Met
# Claims Paid	64,463	93,786	66,926	(26,860)	↓		
# Claims Recv'd	77,544	120,558	157,432	36,874	↑		
	FY'15 Q1		FYTD'15 Q2				
Avg # Days Received-to-Processed	4		4			< 8	Y
Avg # Days Received-to-Paid/Pend	27		22			< 35	Y
* Data incomplete pending claims run-out.							

Member/Provider Quality

Four-pronged approach required by MCCN contract

1. Member Satisfaction Survey (Annual)
2. Provider Satisfaction Survey (Annual)
3. Stakeholder Advisory Committee (Quarterly)
4. Enrollee Advisory Committee (Quarterly)

Discussion Highlights

Topic	EAC Participants General Feedback
Health Plan Communication	<ul style="list-style-type: none"> • US Mail preferred • Ok with calls to receive reminders & updates
Services	<ul style="list-style-type: none"> • Need trainings on how to better access services and resources.
Information on Specific Services	<ul style="list-style-type: none"> • Should highlight and promote dental, transportation & vision • Few understood how to access transportation services
Plan Choice	<ul style="list-style-type: none"> • Do not fully comprehend the choices that they will have to make to stay with CountyCare or switch plans. • Did not understand that they would need to select their plan each year and that this process is separate from the redetermination.
Redetermination	<ul style="list-style-type: none"> • General awareness of need to provide information once a year to keep their Medicaid coverage.

EAC Mailed Survey Results

Question	N	% Yes	% No
In the last 6 months, have you made any appointments for a check-up or routine care at a doctor's office or clinic?	99	88%	12%
A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	94	72%	28%
Did your personal doctor explain things in a way that was easy to understand?	87	72%	28%
In the past 6 months, have you called our member services phone number (312-864-8200)?	96	56%	44%
Did you feel that after calling member services & speaking to a representative, you had the information or help that you needed?	76	72%	28%
Since joining the CountyCare Health Plan, do you feel better (more healthy)?	97	89%	11%
Have you used the CountyCare website (www.CountyCare.com) to find information about your coverage?	99	22%	78%
Are you worried about a place to stay tonight or in the near future?	98	44%	56%
Are you worried that the food for you &/or your family will run out before there is money to buy more?	95	32%	68%
Would you recommend CountyCare Health Plan to a friend or family member?	96	96%	4%

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
May 29, 2015

ATTACHMENT #5

COOK COUNTY HEALTH & HOSPITALS SYSTEM



Human Resources Metrics CCHHS Board Of Directors May 29, 2015

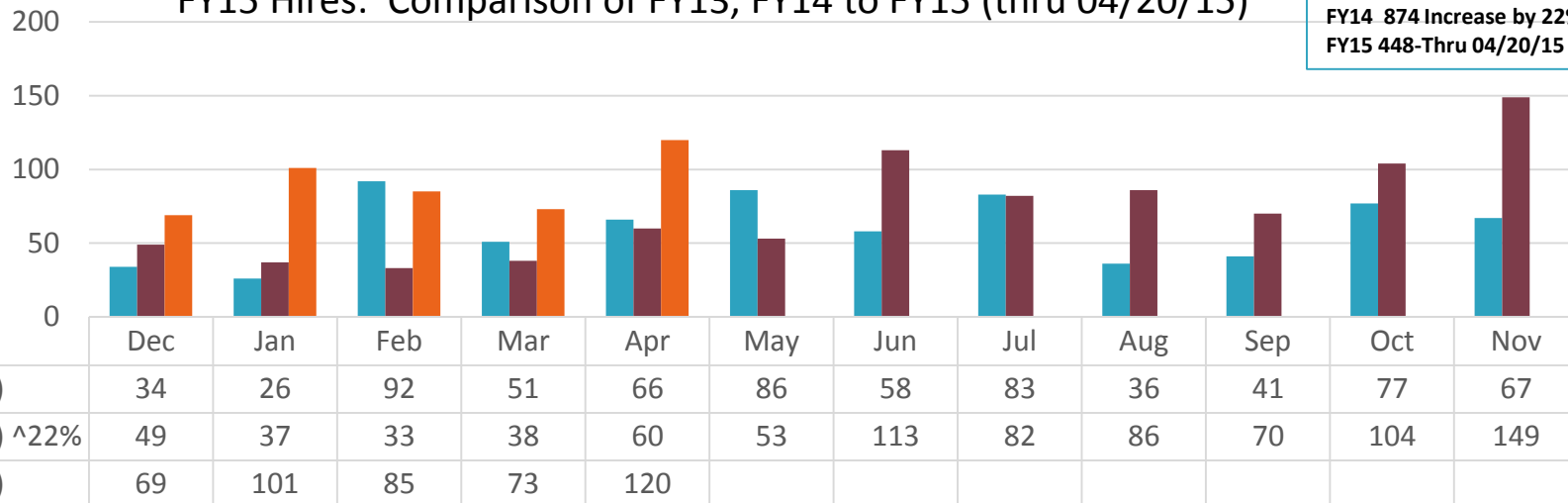
Gladys Lopez, Chief of Human Resources



GOAL: Reduce vacancies to 600

FY15 Hires: Comparison of FY13, FY14 to FY15 (thru 04/20/15)

of Hires



FY13 717
FY14 874 Increase by 22%
FY15 448-Thru 04/20/15

Thru 04/20/15

FY15 Vacancies Filled by Job Function / Open Positions (YTD vacancies filled has increased by 106% as compared to this same time frame last year)

Job Function	FY14 Hired	FY14 YTD Thru April 2014	FY15 YTD Thru April 2015	FY15 RTHs in Process (As of 4/20/15)
Finance	15	1	17	¹ 126
HIS	5	2	4	18
Licensed Practice Nurses	24	2	11	7
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	311	70	146	313
Physicians	97	38	28	94
Pharmacy	49	20	8	47
Other	373	83	234	239
Total	874	216	448	² 844

¹ Medicaid eligibility insourcing

² Fluctuates month to month based on vacancies filled hires and new requisitions received.

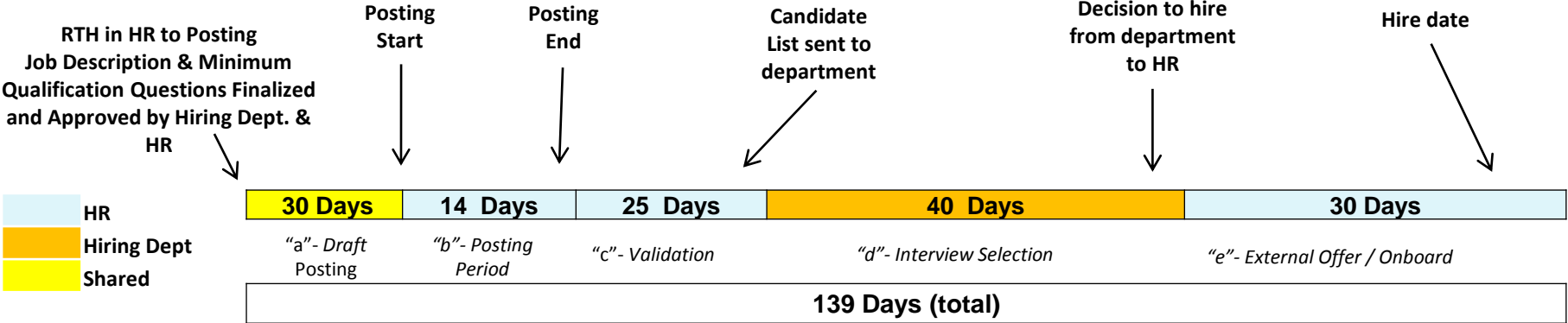


FY15 HR Goal: Improve/Reduce Average Time to Hire

Budget to Recruiting average of 30 Days

FY15 Goals:		2014 Actual	2015 Target	Dec Actual	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	YTD Avg	YTD Variance
a	Average # of days from Request to Hire approval to Posting Open	91	30	80	48	73	51	19			50	67%
b	Average # of posting days	14	14	13	9	12	13	13			12	-14%
c	Average # of days from Posting Close to Interview Referral	28	25	33	22	27	30	33			29	16%
d	Average # of days from Interview Referral to Decision to Hire to HR. (Interview/Selection)	29	40	29	23	32	28	40			31	-22%
e	Average # of days from decision to hire until actual Hire Date. <i>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.</i>	41	30	55	49	51	52	46			50	53%
f	Average # of days from Request to Hire to Hire Date	203	139	209	151	195	168	151			172	24%

Goal: Within 10% of target

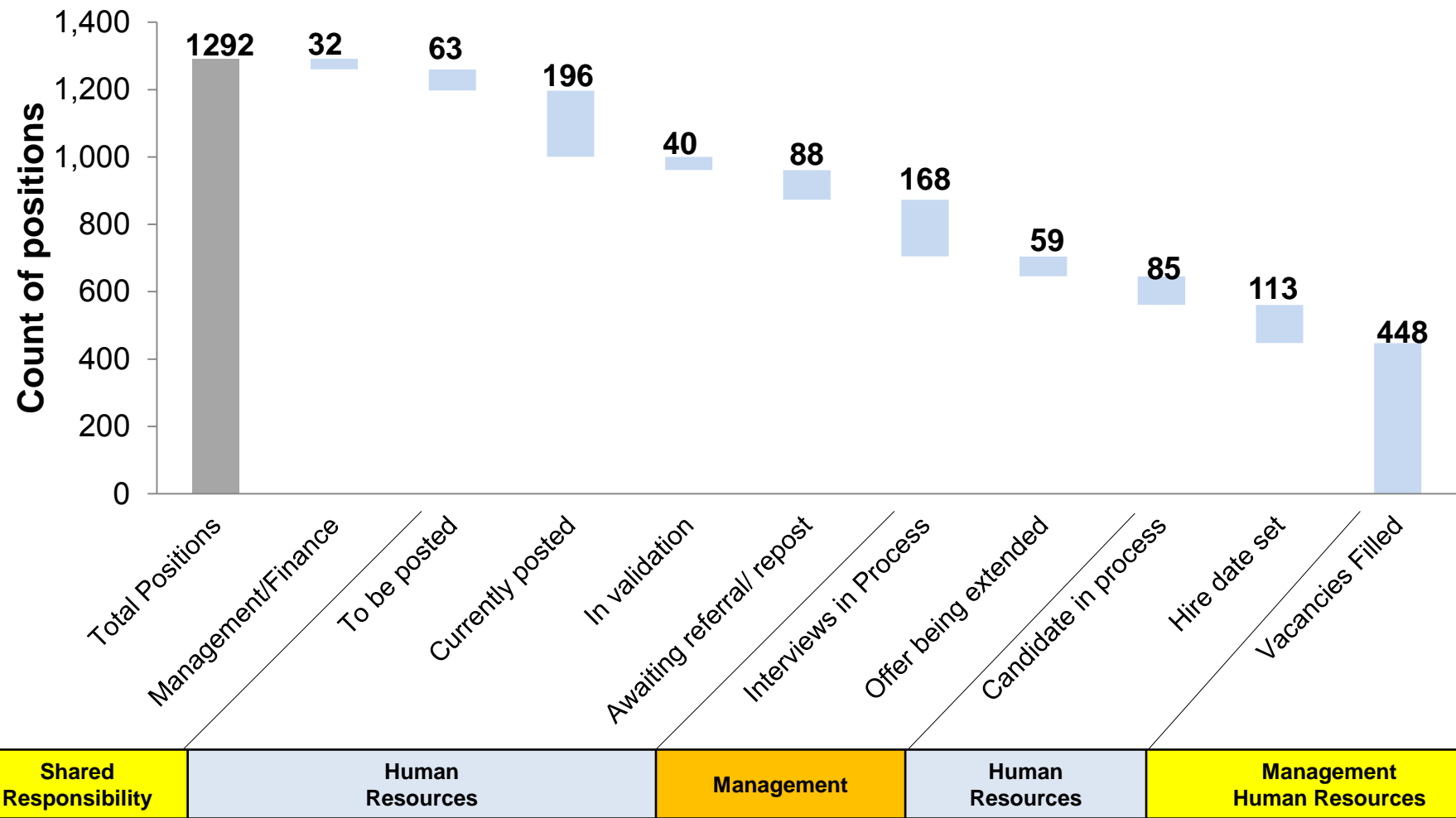


Benchmark: 58
Data source: TLNT The Business of HR
<http://www.tlnt.com/2014/08/14/employers-find-that-time-to-fill-job-rates-are-growing-hit-13-year-high/>



FY15 HR Goal: Improve/Reduce Average Time to Hire

Hiring Waterfall & Snapshot (04/30/15)



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
May 29, 2015

ATTACHMENT #6



COOK COUNTY HEALTH & HOSPITALS SYSTEM

Finance Committee
Presentation to the Board: May 2015



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

**CountyCare Income Statement
March-2015**

	YTD		YTD		YTD		YTD	
Revenue	December-2014	January-2015	February-2015	March-2015	December-2014	January-2015	February-2015	March-2015
PMPM	\$ 52,493,344	\$ 106,160,435	\$ 158,557,089	\$ 263,227,835				
Admin	-	-	-	1,077,180				
State Workers	88,481	206,697	470,044	632,491				
Reserve for Settlement	-	-	-					
Assessment Tax from Cash Advance	-	10,000	10,000	10,000				
Total Revenue	\$ 52,581,825	\$ 106,377,132	\$ 159,037,133	\$ 264,947,506				
Application Processing Costs								
Hoyne Facility Expenses	\$ 27,684	\$ 49,461	\$ 67,688	\$ 85,813				
AHS Application Assistance Fees	1,686,709	2,674,989	3,663,268	4,651,547				
CEA Application Assistance Fees	64,292	118,361	172,431	205,490				
State Workers Cost	176,963	413,395	940,089	1,264,983				
Total Application Processing Costs	\$ 1,955,648	\$ 3,256,205	\$ 4,843,476	\$ 6,207,834				
Administrative Expenses								
Salaries & Benefits	\$ 276,206	\$ 307,529	\$ 516,925	\$ 720,687				
Stop Loss Insurance	331,500	663,000	530,541	398,082				
Self Insurance	36,240	72,479	96,864	129,152				
Pharmacy	368,742	1,056,570	1,605,704	2,206,472				
AHS TPA Fees	1,037,909	1,037,909	1,037,909	1,037,909				
IlliniCare TPA Fees	4,609,010	9,310,117	14,088,708	22,046,976				
Dental Admin Fees				327,084				
MHN Fees	352,265	704,530	1,247,591	1,784,209				
Other	41,587	93,554	120,552	453,267				
Total Administrative Expenses	\$ 7,053,459	\$ 13,245,688	\$ 19,244,794	\$ 29,103,839				
Clinical Expenses								
Domestic Claims	\$ 17,599,212	\$ 34,517,339	\$ 52,840,141	\$ 56,152,270				
Foreign Claims	15,318,589	32,923,542	43,700,515	59,998,763				
Foreign Claims IBNR	4,516,819	294,421	294,421	51,494,543				
Pharmacy	5,255,670	17,254,058	27,201,257	38,052,254				
Domestic Pharmacy	668,490	1,891,848	2,906,927	4,431,672				
MHN ASO	828,251	1,656,502	3,218,927	4,729,338				
Behavioral Health	1,353,516	2,736,774	4,236,848	6,044,431				
Optical	313,413	633,714	959,392	1,305,241				
Transportation	-	-	764,435	1,137,907				
Dental	65,716	131,432	197,148	397,241				
Total Clinical Expenses	\$ 45,919,677	\$ 92,039,630	\$ 136,320,010	\$ 223,743,660				
Medical Loss Ratio (MLR)	87.5%	86.7%	86.0%	85.0%				
Total Expenses	\$ 54,928,783	\$ 108,541,524	\$ 160,408,280	\$ 259,055,333				
CountyCare Net Income	\$ (2,346,958)	\$ (2,164,391)	\$ (1,371,148)	\$ 5,892,173				

	CCHHS Totals			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:				
Net Patient Service Revenue	457,622	438,347	19,275	352,604
Other Revenue	1,429	2,669	(1,239)	2,403
TOTAL REVENUE	459,051	441,015	18,036	355,007
OPERATING EXPENSES:				
Salaries and Benefits	222,361	222,717	356	202,411
Supplies	76,218	67,671	(8,547)	58,196
Purchased Svs, Rental & Other	215,577	224,422	8,845	123,083
Insurance Expense	6,339	7,924	1,584	8,232
Depreciation	10,189	10,189		11,193
Utilities	2,399	5,183	2,783	2,138
TOTAL OPERATING EXPENSES	533,083	538,105	5,022	405,253
GAIN (LOSS) FROM OPERATIONS	(74,032)	(97,090)	23,057	(50,246)
NONOPERATING REVENUE	74,030	74,030		60,438
NET INCOME (LOSS)	(2)	(23,059)	23,057	10,192

	All Providers				CountyCare				All Provider & CountyCare Eliminations			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:												
Net Patient Service Revenue	253,268	266,750	(13,482)	143,844	264,938	289,235	(24,297)	208,761	(60,584)	(117,639)	57,055	
Other Revenue	1,005	2,006	(1,001)	1,940	10		10					
TOTAL REVENUE	254,273	268,756	(14,483)	145,784	264,948	289,235	(24,287)	208,761	(60,584)	(117,639)	57,055	
OPERATING EXPENSES:												
Salaries and Benefits	198,623	200,496	1,874	177,574	721	709	(12)	3,760				
Supplies	35,448	42,559	7,110	30,315	44,690	22,149	(22,541)	27,807	(4,432)		4,432	
Purchased Svs, Rental & Other	57,904	56,897	(1,007)	39,046	213,117	283,769	70,652	83,382	(56,152)	(117,639)	(61,486)	
Insurance Expense	5,190	7,924	2,733	7,258	527		(527)	77				
Depreciation	10,103	10,103		11,106								
Utilities	2,379	5,131	2,752	2,127		19	19					
TOTAL OPERATING EXPENSES	309,647	323,109	13,462	267,427	259,055	306,645	47,590	115,025	(60,584)	(117,639)	(57,055)	
GAIN (LOSS) FROM OPERATIONS	(55,374)	(54,353)	(1,021)	(121,643)	5,892	(17,410)	23,303	93,735				
NONOPERATING REVENUE	48,971	48,971		50,869	59	59		276				
NET INCOME (LOSS)	(6,404)	(5,383)	(1,021)	(70,774)	5,951	(17,352)	23,303	94,011				

	Detainees				Dept of Public Health			
	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual	2015 Actual	2015 Budget	2015 Budget Variance	2014 Actual
REVENUE:								
Net Patient Service Revenue								
Other Revenue	0		0	1	414	663	(249)	462
TOTAL REVENUE	0		0	1	414	663	(249)	462
OPERATING EXPENSES:								
Salaries and Benefits	19,187	17,768	(1,419)	16,468	3,831	3,745	(86)	4,609
Supplies	392	2,917	2,526	58	119	46	(74)	16
Purchased Svs, Rental & Other	428	953	525	333	280	442	162	323
Insurance Expense	498		(498)	716	124	0	(124)	181
Depreciation	80	80		80	5	5		7
Utilities	0	2	2	2	20	31	10	9
TOTAL OPERATING EXPENSES	20,584	21,720	1,135	17,657	4,381	4,269	(111)	5,144
GAIN (LOSS) FROM OPERATIONS	(20,584)	(21,720)	1,136	(17,656)	(3,966)	(3,606)	(360)	(4,682)
NONOPERATING REVENUE	23,739	23,739		5,208	1,262	1,262		4,085
NET INCOME (LOSS)	3,154	2,019	1,136	(12,448)	(2,704)	(2,344)	(360)	(597)

Finance Dashboard: May 2015

CCHHS: Financial Summary

	2013	2014	2015 [#]	Moody's Investment Service Composite Standard / Goal
Days in Patient Accounts Receivable (Gross)*	147	168	139	---
Days in Patient Accounts Receivable (Net)*	48	37	39	49.8
Days Cash on Hand	50	96	68	197.6
Days Expense in Accounts and Claims Payable	36	42	53	63.4
Operating Margin as % of Total Operating Revenue	-47.6%	-11.7%	-11.9%	2.0%
Average Age of Plant (in Years)	14.1	15.9	17.2	10.7
Overtime as Percentage of Gross Salary	8.2%	8.3%	8.8%	5.0%
Average Daily Carelink / Charity Write-Offs (at cost) [^]	581,176	482,984	177,837	---
CareLink/Charity Write-offs (at cost)	212,129,170	176,289,026	64,910,634	
Average Daily Bad Debt Expense (at cost)	848,471	461,445	185,957	---
Bad debt Expense (at cost)	309,691,828	168,427,323	67,874,267	

Data through March 2015

[^] This represents direct charity care write-offs
to gross accounts receivable

* Data above does not include
CountyCare information

Source: CCHHS finance

Finance Dashboard: May 2015

CCHHS: Monthly -Inpatient Days, Emergency Visits and Outpatient Clinic Registrations

	FY 2013 (Monthly Average)	FY 2014 (Monthly Average)	FY 2015* (Monthly Average)	Monthly Target
Inpatient Days	9,225	8,752	8,054	8,315
Observation Days	669	839	926	797
Emergency	14,261	12,887	12,077	12,887
Outpatient	80,989	78,021	75,403	85,824

Source: CERNER

*data through March 2015

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
May 29, 2015

ATTACHMENT #7

Cook County Health & Hospitals System

CCHHS Board of Directors
Terry Mason, MD, COO
Cook County Department of Public Health

May 29, 2015



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What is Health?

“Health is the behavioral, cultural, economic, educational, physical, and spiritual state of being in which individuals have the ability to enjoy life and contribute positively to their family, community and society.”

Center for African American Health Status Report – July 11, 2002

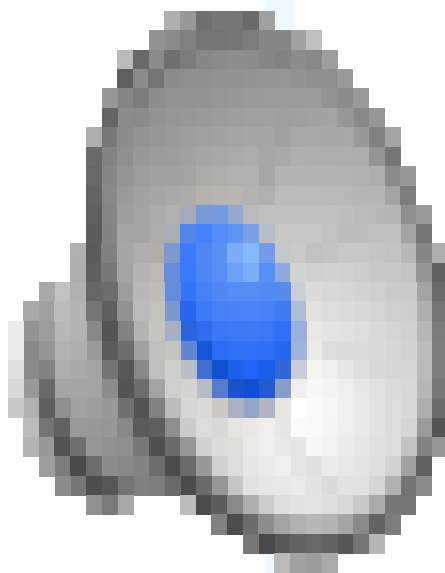


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What is Public Health?



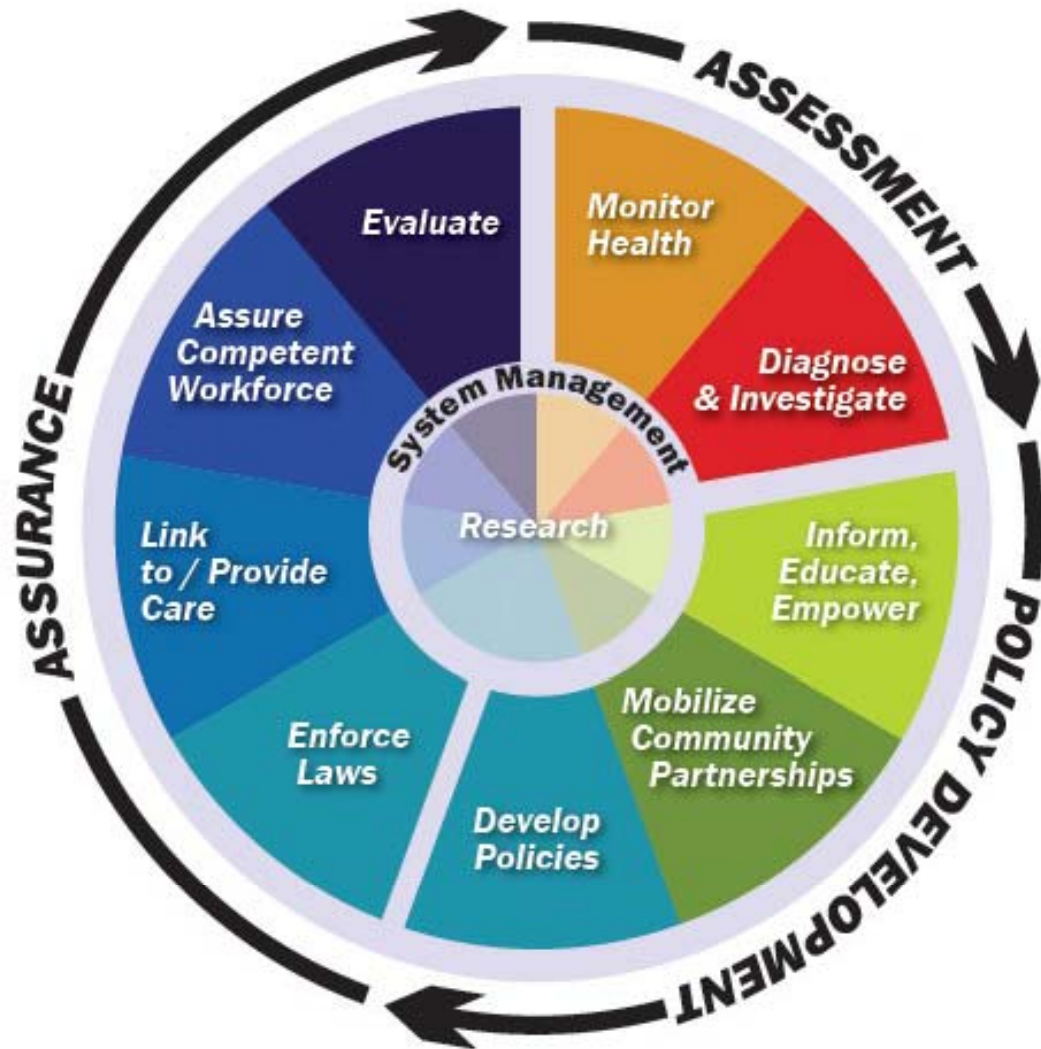
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The 10 Essential Public Health Services

A guiding framework for the responsibilities of local public health systems - *all public, private, and voluntary entities that contribute to the delivery of essential public health services.*



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The 10 Essential Public Health Services

1. **Monitor health status** to identify and solve community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize community partnerships** to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts



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The 10 Essential Public Health Services (cont'd)

6. **Enforce laws and regulations** that protect health and ensure safety
7. **Link people to needed personal health services** and assure the provision of health **care** when otherwise unavailable
8. **Assure a competent** public and personal healthcare **workforce**
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

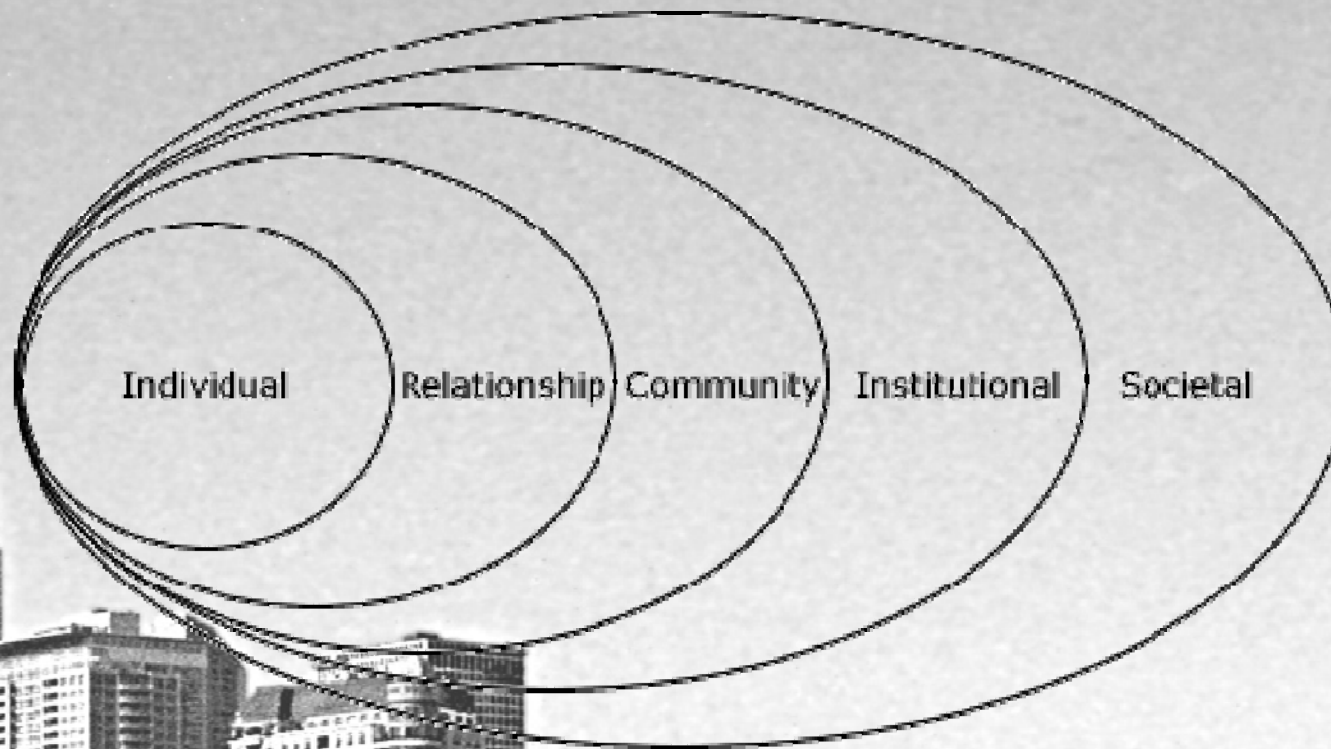


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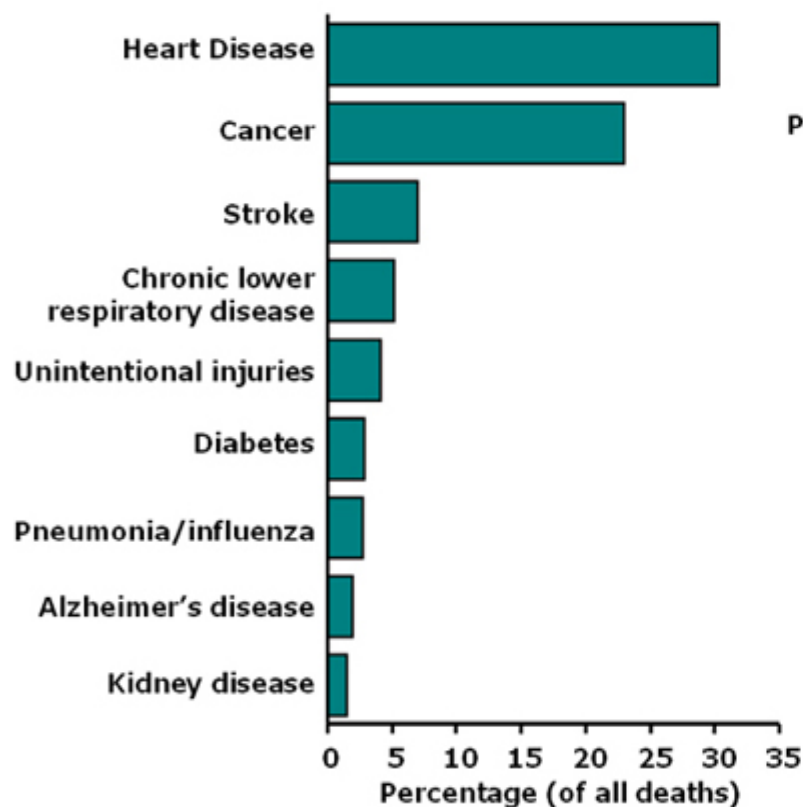
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Socio-Ecological Model

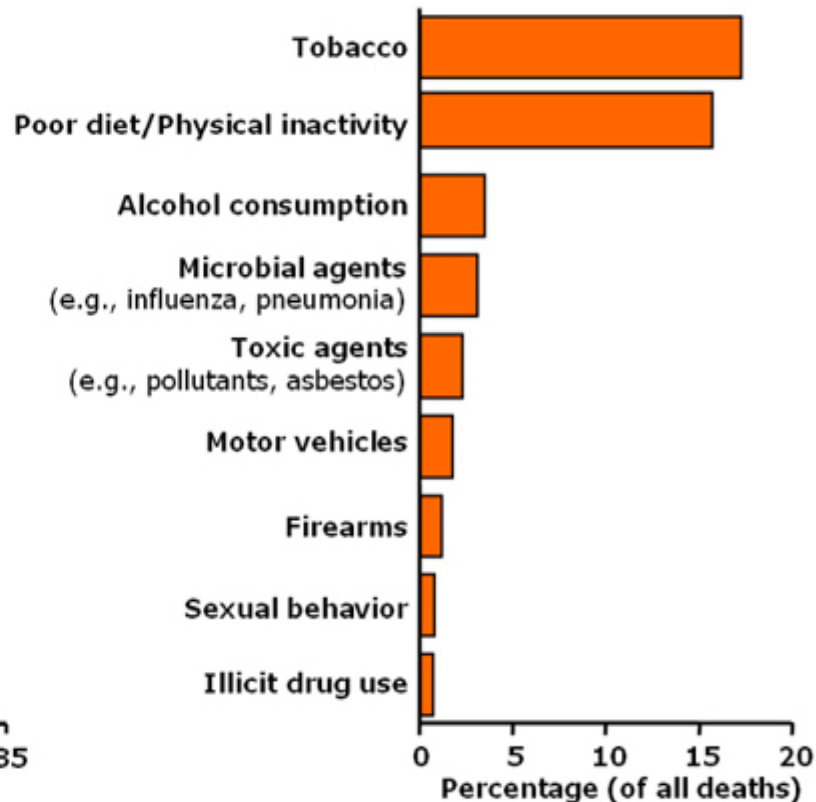


Source: <http://www.oregonsatf.org/prevention/index.html>

Leading Causes of Death* United States, 2000



Actual Causes of Death† United States, 2000



* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.

† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.



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How big is this problem?

- Role of NCD's (Non-Communicable Diseases)
 - What we call heart disease, stroke, diabetes, obesity killing 1 million Americans yearly
 - All share common links to causes:
 - **Diet**, exercise, smoking
 - All share a common approach and barriers
 - Food industrial complex influence
 - Resistance to change, policy and systems
 - Lack of funding and resources for those engaged in helping people to become healthier



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1945 Resolution Establishing CCDPH

- CCDPH established by Cook County Resolution in 1945.
- County Board organized and constituted itself as the Cook County Board of Health; and Cook County Board President is President of Board of Health.
- Cook County Board of Health assumes regulatory and police authority delegated from the Illinois Department of Public Health.



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1991 Ordinance Establishing Cook County Bureau of Health Services

- In 1991, Cook County Board adopts an Ordinance establishing the Cook County Bureau of Health Services headed by the then Chief of Health Services.
- Bureau of Health Services included CCDPH.



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2004 Cook County Board of Health Ordinance

- County Board adopts the Board of Health Ordinance in 2004 incorporating the basic elements of the 1945 Resolution establishing CCDPH and the 1991 Ordinance establishing the Bureau of Health Services.
- Board of Health (County Board) has many powers and duties derived from County ordinances and State law including the authority to appoint a CEO to act as the COO for CCDPH.
- The then Chief of Health Services (now CCHHS CEO) is required to submit recommendations to the Board of Health (County Board) for the appointment of the CCDPH COO.



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2008 CCHHS Enabling Ordinance

- Cook County Board adopts 2008 Ordinance establishing CCHHS.
- All personnel, facilities, equipment and supplies within the then Bureau of Health Services, including CCDPH, were established within CCHHS.
- While the County Board continues to serve as the Board of Health, the County Board has delegated to the CCHHS Board the responsibility to perform, through CCDPH, the essential services of a local public health authority as provided by County ordinances and State law.
- The CCDPH COO provides certain reports and information directly to the Board of Health (County Board).



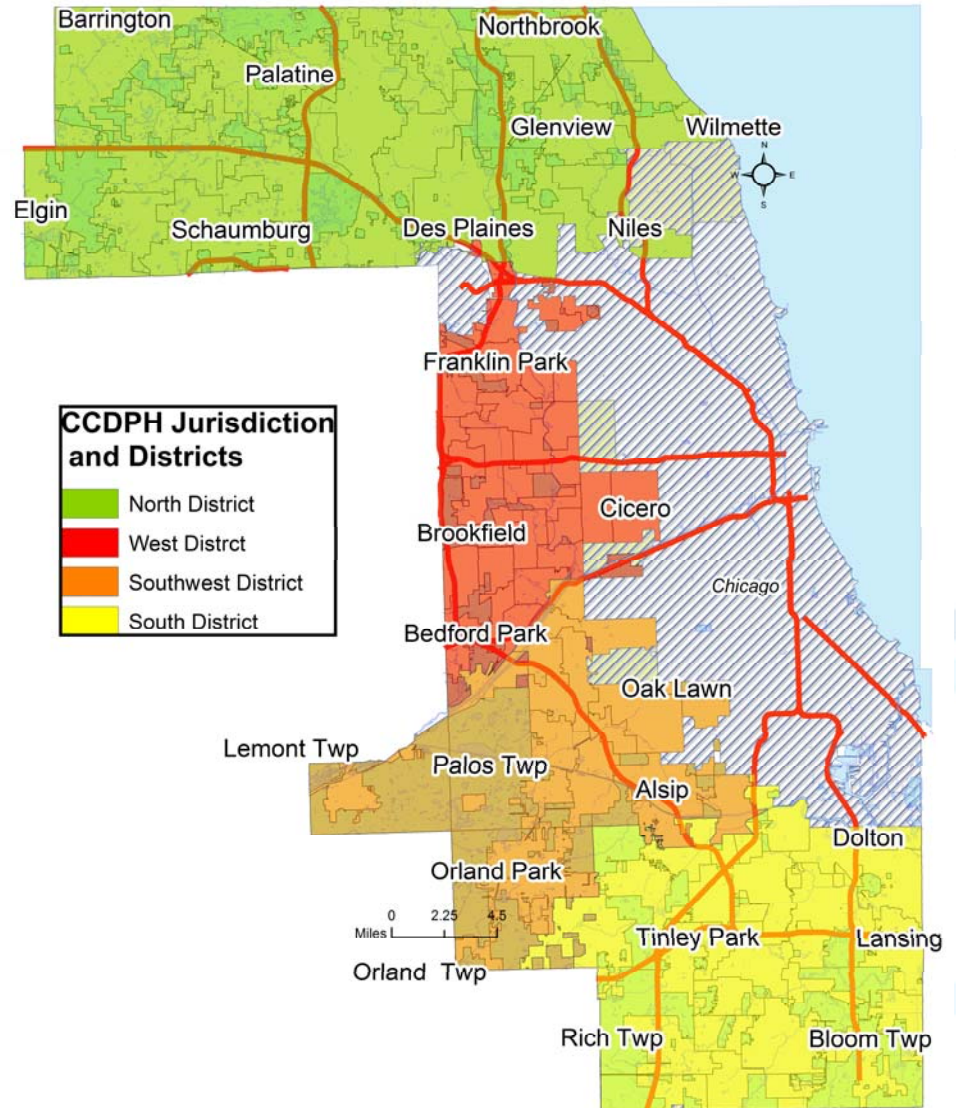
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CCDPH Jurisdiction

- 700 square miles
- 2.39 million residents
- 125 municipalities, 30 townships, and unincorporated areas in **suburban** Cook County
- Excludes areas with IDPH Certified Public Health Departments
 - Chicago, Stickney, Evanston, Oak Park, Skokie
- Exception: CCDPH is responsible for TB care and surveillance for all of suburban Cook County



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Who We Are

Mission:

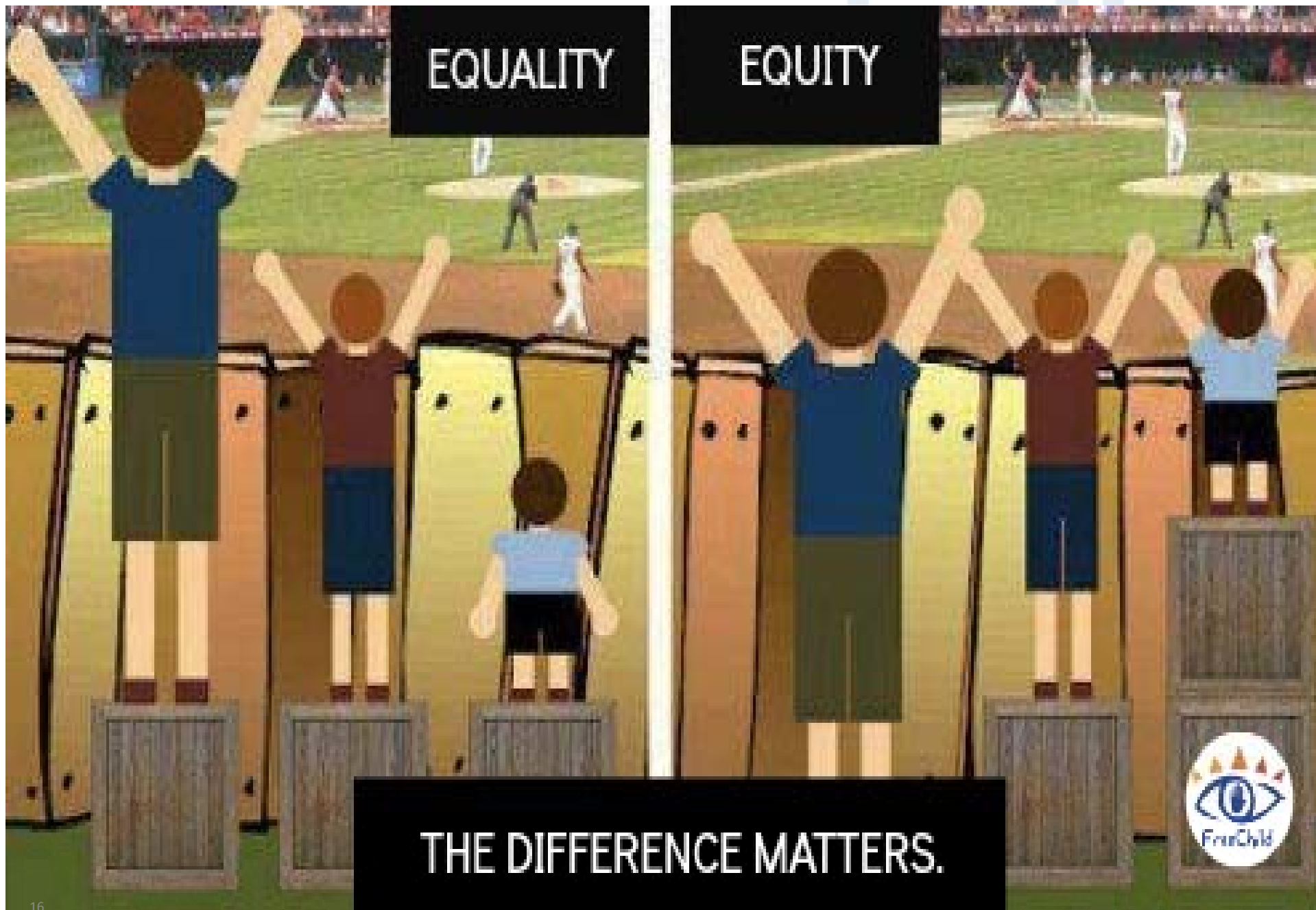
- To optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental, and social well-being.



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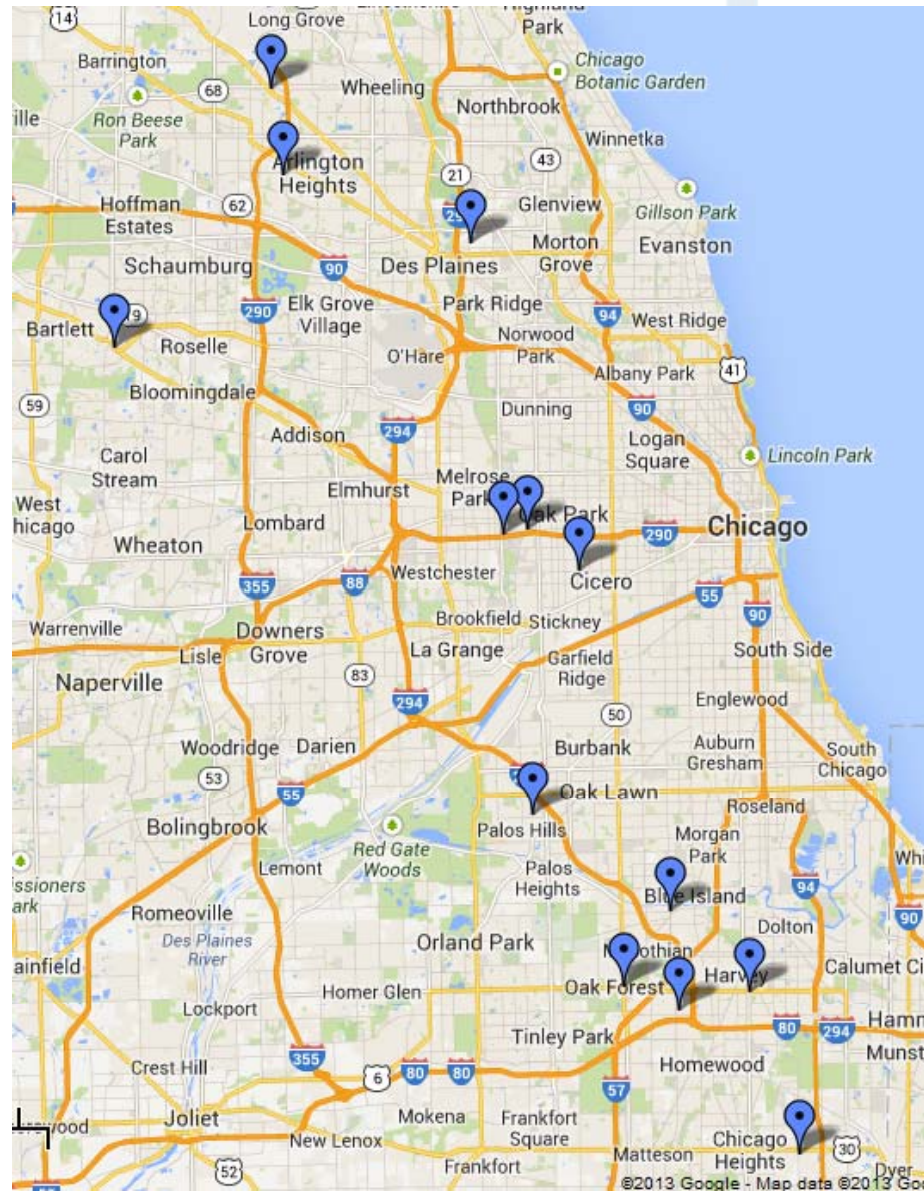
Where Are We Located?



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Facility Statistics

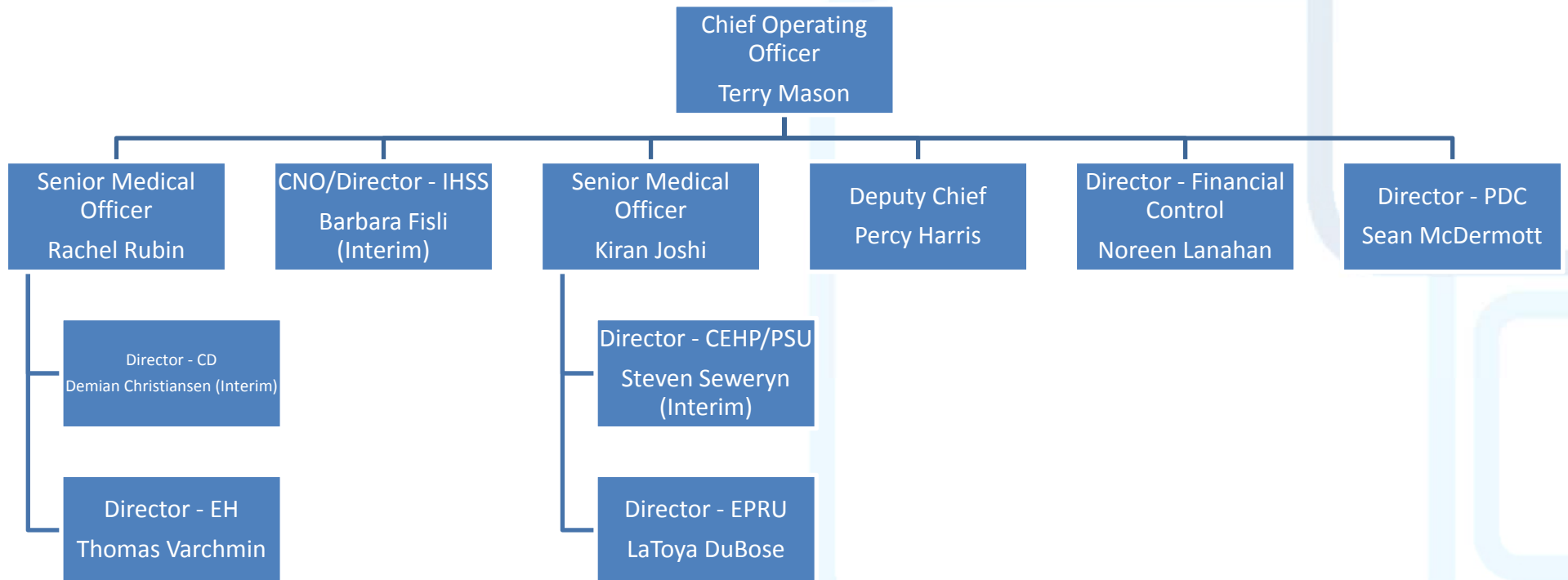
Location	Services	Size	No. of FTE	Type
Oak Forest	CD, EPI, Admin, Finance, CPCU (B14), MM	57,000 sq. ft.	81 (60)	OFHC
Rolling Meadows	NDO, Env,	12,500 sq. ft.	37 (33) (ACHN Transfer)	Courthouse
Bridgeview	SWDO, Env, Dental, WIC	12,500 sq. ft.	39 (36) (ACHN Transfer)	Courthouse
Markham	SDO, WIC (Rm 250 shared with TASK and Grand Prairie)	10,500 sq. ft.	36(24) (ACHN Transfer)	Courthouse
Maywood	WDO, WIC	14,900 sq. ft.	27 (19) (ACHN Transfer)	Lease
Palatine	WIC	2,500 sq. ft.	5	Lease
Hanover Park	WIC	2,100 sq. ft.	5	Lease
Cicero	WIC	2,000 sq. ft.	7	w/ACHN
Robbins	WIC	2,000 sq. ft.	6	w/ACHN
Cottage Grove	WIC, Dental	2,200 sq. ft.	6	w/ACHN
Forest Park	TB Clinic, CD	20,737 sq. ft.	35	Owned
Des Plaines	TB Clinic	2,445 sq. ft.	7	Owned
Harvey	Unoccupied	2,698 sq. ft.	0	Owned



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Organizational Structure



Communicable Disease Prevention and Control Unit

Responsible for prevention and control of more than 70 infectious disease within Suburban Cook County.

- General Communicable Disease
- Enhanced Surveillance
- HIV Surveillance and Prevention
- Infection Prevention
- Sexually Transmitted Infections
- Tuberculosis Surveillance and Prevention
- Vaccine Preventable Diseases Surveillance and Prevention



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Measles Outbreak

- This year, 14 measles cases diagnosed in Suburban Cook (+1 in Chicago)
 - 12 children
 - 3 adults
- 6 infants with 11 visits exposed 180 children and staff
- 66 required active monitoring, none developed disease
- Legislation to mandate vaccination for daycare workers is pending



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Environmental Health Services Unit

Regulatory arm of CCDPH, empowered to enforce Cook County and Illinois state laws related to environmental health issues in suburban Cook County.

- Individual Sewage Disposal Systems and Water Wells
- Indoor Air Quality
- Food Program
- Swimming Pool Program
- Enforcement of Lead Poisoning Prevention Laws
- Vector Control Program
- Public and Private Nuisances
- Tanning and Tattoo Parlors
- Mobile Home Parks
- Retail Tobacco



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Integrated Health Support Services (Public Health Nursing)

IHSS recognizes the client as a unique individual,
a member of a family, and a member of
community



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Public Health Nursing Home Visit Programs

- High Risk Infant Follow-Up Program (APORS)
- Sudden Infant Death Syndrome (SIDS) Program
- Lead Program
- Congenital Syphilis Program
- Perinatal Hepatitis B Prevention Program
- New Born Screening Program
- Genetics Program
- Tuberculosis Program
- Prenatal Program
- Referral to Care Program



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Public Health Community Programs

- Women, Infants and Children (WIC) Nutrition Program
- Breast and Cervical Cancer Screening Program (IBCCP)
- Hearing and Vision Screening Program
- Emergency Preparedness Responders
- Clinical preceptors for local universities



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Community Epidemiology and Health Planning Unit

Monitors health problems, disparities and trends by assembling, analyzing and disseminating data and information about the health of Suburban Cook County.

- Conducts community health assessment for suburban Cook County
- Monitors health status indicators such as disease, injury, birth outcomes, mortality, and risk/preventive factors
- Examines health policy issues
- Coordinates accreditation activities
- Convenes and facilitates Community Health Advisory Committee made up of community stakeholders



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Prevention Services Unit

Promote health and wellness in collaboration with partners to advance changes in community and organizational practices and policies

- Health promotion – outreach, education
- Tobacco prevention and control
- Violence prevention
- Lead based paint hazard control
- Outreach, education, policy development
- Lead poisoning reporting



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Prevention Services Unit

- Partnerships to Improve Community Health (**PICH**)
 - authored in the Prevention Services Unit
- Builds on the previous CDC grant:
 - Communities Putting Prevention to Work (**CPPW**)
- Leveraging relationships and partnerships from previous work
 - Alliance for Healthy and Active Community (AHAC)
 - 20+ community partner agencies including
 - Also Cook County agencies:
 - Housing Authority of Cook County
 - Forest Preserve District of Cook County



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PICH (Partnerships to Improve Community Health) Overview



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PICH Grant Summary

- Three-year project period (Sept 30, 2014 – Sept 29, 2017)
- Awarded \$2,480,807 in Year 1/3
- Collective reach to 100% of jurisdiction
 - 33 identified priority communities
- Four focus areas
 1. Increases access to tobacco-free environments
 2. Increase access to environments with healthy food & beverages
 3. Increase access to physical activity opportunities
 4. Increase access to community-based preventive resources



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Healthy HotSpot

- In suburban Cook County, Healthy HotSpot partnerships are leading a movement to create healthy, vibrant places that will make **all of suburban Cook County a Healthy HotSpot, one spot at a time.**
- Healthy HotSpot is a major branding initiative for CCDPH!



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Partnerships that make it work

- Community Health Advisory Committee
 - Academic, community based organizations, local government, community and faith based members
- CCDPH Alliance for Healthy and Active Communities (AHAC)
- For healthy eating and active living
 - Coalition for Lowering Obesity for Chicago Children
 - Alliance for a Healthier Generation
 - Illinois Public Health Institute
 - Active Transportation Alliance
 - Forest Preserve District of Cook County



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Partnerships that make it work

- For Tobacco Free living –
 - American Lung Association
 - Respiratory Health Association
 - South Suburban Cook County Mayors and Managers
 - Housing Authority of Cook County
- For Clinical/Community Linkages (CDSMP/DSMP)
 - Age Options
- For a Prepared Cook County
 - Medical Reserve Corps



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Emergency Preparedness and Response Unit

Coordinates public health preparedness efforts and partnerships to plan, respond, and recover from events impacting the health of our residents

- Develop and maintain plans for:
 - Pharmaceutical stockpile distribution and dispensing
 - Pandemic disease
 - Mass vaccination
 - Quarantine and isolation
 - Mass casualty



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Lead Poisoning Prevention and Healthy Homes

- Works to prevent, reduce, and eliminate the threat of lead hazards in and around the home.
- Activities include:
 - Lead Based Paint Hazard Control
 - Case management for children with elevated blood lead levels
 - Inspect and refer for lead abatement



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Tuberculosis

- Treatment for latent TB infections and TB disease including direct observed therapy.
- Case management for clients diagnosed with active TB.
- Screening for high-risk clients
 - compromised immune system
 - immigrants from endemic areas or
 - close contacts of someone with active TB



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Reports

- County Health Rankings
- Community Health Status Assessment
- Community Profiles
- Corner Stores
- Place matters
- Vital statistics: Births, Deaths
- School Health Profiles
- Lead Report
- HIV/AIDS Surveillance
- TB Surveillance
- STI Surveillance
- Annual Report



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Regional Relationships

- NIPHC – Northern Illinois Public Health Consortium
 - Representing 80% population of Illinois
 - Cook County
 - Chicago
 - Skokie
 - Lake
 - DuPage
 - Kendall
 - Will
 - McHenry
 - Grundy
 - Kane
 - Winnebago



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Accomplishments

- PHAB accreditation and maintenance
- Transition of clinical services to ACHN
- Measles response
- Ebola planning
- Change Institute
- School Nurse Meeting
- PICH activities
- Lead program QI activities
- Selected to participate in PHAB QI Leaders Academy



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Select Publications

- Bialek, Stephanie R., et al. "First Confirmed Cases of Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection in the United States, Updated Information on the Epidemiology of MERS-CoV Infection, and Guidance for the Public, Clinicians, and Public Health Authorities-May 2014." *MMWR. Morbidity and mortality weekly report* 63.19 (2014): 431-436.
- Epstein, Lauren, et al. "New Delhi metallo- β -lactamase–producing carbapenem-resistant *Escherichia coli* associated with exposure to duodenoscopes." *JAMA* 312.14 (2014): 1447-1455.



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Examples

Environmental Health Service (EH) ⚙

Communicable Di

Public Policy (PD)

Public Relations (

Operations/Maint

Workforce Develo

+

+ Add a Klip  Layout

Tom Varchmin, Director of Environmental Services



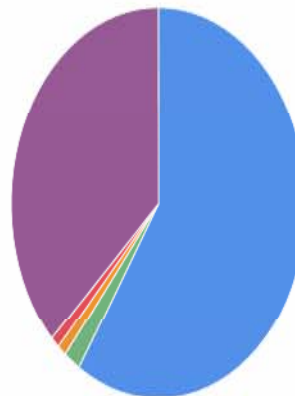
Mission statement

The Environmental Health Unit strives to preserve and protect

Environmental Health Service Annual Report

Annual Data	FY 2013	FY 2014	FY 2015
Revenue (\$)	\$550,706.00	\$506,220.00	\$210,803.00

CCDPH Grants for FY2014 - 2015



- IDPH Local Health Protection (37.6% of Local Health Protection Grant) (\$775,794) [59%]
- IDPH Potable Water (\$23,875) [2%]
- IDPH Tanning Facilities Inspection (1/3 of 3 year grant for \$39, 000) (\$13,000) [1%]
- IDPH Tattoo Facilities Inspection (1/3 of 3 year grant for \$39, 000) (\$13,000) [1%]
- IDPH Vector Surveillance (\$486,773) [37%]



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
May 29, 2015

ATTACHMENT #8

JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH & HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
May 29, 2015

Recognition

- In April 2014, Dr. Sharon Irons, General Medicine Clinic (GMC) Director, organized a GMC team of care providers consisting of 2 champion Physician providers **Dr. Patrika Smith** and **Dr. Sonia Tanwar**; as well as 2 Nurse Practitioner providers, **Shelby Strong** and **Karlene Schowalter**. Using the C Mapp registry to help identify our at-risk Diabetic patient population, GMC launched a pilot program entitled "The Diabetic Nine's Program." The initial pilot focused on two GMC physician-patient panels with the goal of improving Diabetic patient outcomes. By summer 2014, GMC initiated a partnership with the American College of Physicians (ACP) to work toward the goal of transforming our practice delivery of Diabetes care to our patients. This partnership has provided phenomenal support to our champions as well as a more intense overall QI approach to Diabetes care through the inclusion of GMC Champions in hands-on, patient-centered workshops.

As a result of this work, GMC Diabetic outcomes are trending toward meeting national goals in Glycosylated Hemoglobin counts. In May 2015, the GMC Diabetic "NINE's" Team was nationally recognized by the American College of Physicians for the team's excellence in quality improvement as well as for their efforts and commitment to Diabetic care. The GMC team continues is working to expanding this effort in other parts of the system.

Additionally, **Drs. Suja Mathews, Patrika Smith** and **Krzysztof Pierko** from the Department of Medicine were named American College of Physicians (ACP) Quality Champions at the ACP annual meeting for work done improving the care of diabetic patients at CCHHS.

- We have received formal notification from The Joint Commission of our Primary Care Medical Home certification for CCHHS ambulatory sites. The PCMH model will be expanded in all of our health centers in the coming months. The surveyor remarked that Prieto was more prepared than any other clinic attempting first-time certification than any she had ever surveyed. Team members include **Drs. Krishna Das, Juliet Bradley, Shivani Kamdar, Irv Pikelny**, nurses **Irene Marks, Ellen Costello, Suzanne Contreras-Hoffman, Marisa Perez, Mercy" Kuriakose** and **Denise Gilbert**. **Edie Johns, Kisonah Smith, Veronica Rivera** and **Maria Vasquez** provided critical administrative leadership to the effort.

- **Dr. Krishna Das, Chief Quality Officer** for Cook County Health & Hospitals System (CCHHS), was named to *Becker's Hospital Review* list of "50 Experts Leading the Field of Patient Safety." This national list recognizes preeminent health care providers, administrators, researchers, professors and advocates working to advance patient safety.

As a member of the Hospital Quality and Patient Safety committee of the Society for Hospital Medicine, Dr. Das helped develop the *Choosing Wisely* guidelines for Hospital Medicine to educate consumers and drive high value care at a national level. She also led CCHHS' collaboration with America's Essential Hospitals as part of the Essential Hospital Engagement Network, a Partnership for Patients initiative supported by the Centers for Medicare & Medicaid Services to reduce harm events in safety net hospitals, achieving drastic reductions in several measures of harm. Dr. Das is a practicing hospitalist, in addition to her role as System Chief Quality Officer.

- **Congratulations to Dr. Thomas Patrianakos**, Division Chair of Ophthalmology for being named one of the "40 Under 40" by Ophthalmologist Magazine. In addition to his busy clinical duties, he is a dedicated mentor to future ophthalmologists and those-in-training. Dr. Patrianakos was the CCHHS Doctor of the Year in 2014.

One of his nominators stated: "Thomas has trained and inspired many young ophthalmologists, not only clinically, but academically. Through functions and newsletters, he remains influential to his past graduates." A frequent lecturer on glaucoma and general ophthalmology, he has many published articles and aims to uncover better ways to teach ophthalmologists in training; as well as to improve the surgical treatment of glaucoma.

- **Internal Medicine Jeopardy**, known popularly as "Doctor's Dilemma", is a competition modeled along the lines of the famous TV quiz show, "Jeopardy". The questions can range anywhere from the history of medicine to latest drug discoveries and trials, to names of heart murmurs and medicine literature. Preparation for this competition is intense, and the greatest skill is to master the art of quickly pressing the "buzzer" and having the right strategy while planning which questions to answer, because each wrong answer has negative marks. Our CCHHS-Stroger team has won the "Regional" Jeopardy Championships for the past 2 years from a group of 17 other residency programs. This year's regional finals were against Loyola University and Northwestern University which our team won handily. At the National Championship, we competed against 48 other teams and made it to the semi-finals for the first time where Cleveland Clinic squeaked out the win.

Congratulations to the members of the CCHHS team: **Sharath Vipparthy, Amith George Jacob, and Sriman Swarup.**

- **Dr. Moses Lee** is one of our ‘home-grown’ physicians beginning his association with CCHHS in 1987 as a resident and then as an attending physician in Emergency Medicine. He completed both an Internal Medicine and Emergency Medicine residency at Cook County Hospital, after attaining his degree in Medicine from Northwestern University. Dr. Lee is board-certified in Emergency Medicine, and since 1993, has served as Emergency Communication Physician in Chicago’s EMS System. He is also an assistant professor at Rush Medical University.

Since 2002, he has been a fellow of the American Academy of Emergency Medicine and a provider/instructor for Advanced HAZMAT Life Saving (AHLS) since 1991. Since 2010, Dr. Lee has served as Chair of the Illinois Medical District Hospital Emergency Preparedness Coalition and as a member of the Illinois Terrorism Task Force. Since 2012, Dr. Lee has been a member of the urban Area Working Group Health & Medical Subcommittee for both Chicago/Cook County Departments of Public Health. For several years, he has been the lead individual for the Stroger Hospital Emergency Preparedness Committee. Dr. Lee is retiring after more than 25 years of service.

- Congratulations to the **2015 Clinical Excellence in Nursing** awards winners. All of the winners were nominated by their peers for overall excellence and dedication to nursing practice and professionalism.

ACHN - Austin Clinic:	Antoinette Moses
Critical Care – Stroger:	Mark Vild
Immediate Care - Oak Forest:	Wendy Hussain
Infection Control - Cermak Health Services:	Bridgette Jones
Medical/Surgical – Stroger 8 West:	Teresa Kollamana
Nurse Mentor – Stroger 8 East:	Milany Tubillara
PCMH Nurse – Fantus GMC:	Verlene Grant
Public Health – Maywood:	Macrina Asmar
Specialty Care Center:	Alicia Hodges

Activities and Announcements

- On April 28th, CCHHS welcomed an evaluation committee for a two day **CLER (Clinical Learning Environment Review)** visit. CLER is a program of the Accreditation Council on Graduate Medical Education (ACGME) designed to raise the quality and safety of the residents' training milieu. The belief is that the learning environment shapes the doctor's future performance in the areas of patient safety and quality as well as professionalism. In addition to many hours touring the hospital floors, units, emergency room, and even the operating room, the committee spent 4.5 hours questioning residents, faculty, and program directors in large group sessions.

The evaluation committee found that we had made progress since the visit 18 months earlier and acknowledged a high rate of "near miss" reporting by resident physicians, and their high a rate of participation in QI projects (100%). Additionally, we will implement several of the committee's recommendations to increase resident involvement. A written report is expected shortly.

- On April 30th, we were notified by the mediator assigned to the CCHHS/NNOC bargaining table that the **nurses voted to authorize a one day strike**. System leadership has contingency plans in place to ensure the continuity of services should NNOC leadership decide to call a strike.
- The Chicago Health Alert Network reported in late April a reduction in the risk on influenza infection. During that same week, there were no confirmed cases of influenza at CCHHS. Although there may still be sporadic cases of influenza in the community and in the hospital, CCHHS lifted the **masking requirement for unvaccinated healthcare workers**.
- On May 1st, Dr. Shannon met with **Illinois Department of Public Health Director Nirav Dinesh Shah** to discuss healthcare disparities in Illinois, and opportunities for greater alignment between state and local health departments and systems to identify high morbidity populations and initiate efforts to reduce disparities.
- On May 8th, Dr. Shannon participated in **Becker's Hospital Review** CEO Roundtable and Keynote Panel: The Impact of Healthcare Reform on Hospitals: How should hospitals react. He was joined by Barry Arbuckle, PhD, president and CEO of MemorialCare Health System in Long Beach, California and Robert Wolterman, CEO of Ochsner Medical Center in New Orleans.
- On May 15th, Nurses Week culminated at the Annual Clinical Nursing Excellence Awards with special guests from the **1975 Cook County School of Nursing Alumni Association** who were taken on a tour of Stroger Hospital and then honored at the nursing awards reception.
- Several members of the senior leadership team continue to meet with the three teams that were selected to present their final proposal for the **Core Medical Services** project. These meetings are designed to provide significant CCHHS input for incorporation into final proposals which are due in June/July.

- As part of its Safety and Justice Challenge, the **MacArthur Foundation** announced this week the award of **\$150,000 planning grant to Cook County** to reduce the jail population focusing on low-level, non-violent offenders. Cook County is one of 20 jurisdictions nationwide to receive the award intended to result in a plan to “lead to fairer, more effective local justice systems.” MacArthur will then award 10 of these jurisdictions up to \$2 million to implement their plans. Cook County’s Justice Advisory Council is the convener of a multi-disciplinary including the circuit court, sheriff’s department, public defender, state’s attorney and others. CCHHS anticipates that a reduction in jail population will reduce the demands on Cermak Health Services.

Upcoming System Events

- June 3 **Access to Care Annual Luncheon**, Dr. Shannon keynote
- June 7 **Cancer Survivor’s Day**, Stroger Cafeteria
- June 29 **CountyCare Enrollee Advisory Committee**, Cicero Community Center, 2250 S. 49th Ave.

Legislative Update

Local

- On May 20th, the Cook County Board referred to their Labor Committee proposed Collective Bargaining Agreements (CBA’s) with SEIU for the 2012-2017 term. The contracts will be considered by the Cook County Labor Committee after consideration by the Cook County Health & Hospitals System Board.
- Wednesday, June 10th is the next regular meeting of the Cook County Board of Commissioners.

State

- Earlier this month, the Illinois Supreme Court ruled a 2013 state pension reform law unconstitutional. This will result in an additional shortfall for the next fiscal year, bringing the total estimated deficit to \$6.6 billion in state fiscal year 2016.
- Earlier this week Senate Bill 788 – House Amendment 2 was filed. This Medicaid omnibus bill includes cuts to the Medicaid program, including a 2.25 percent rate reduction for many Medicaid providers, excluding hospitals. Reductions to other programs and social services affecting Illinois residents, including the 5.2 million who live in Cook County, are still being debated.
- May 31st is the last day of the Illinois General Assembly’s Spring 2015 session. After May 31, the legislature goes into “overtime session” and legislation will require a 3/5th majority to pass. At this time, it is unclear when the legislature will adjourn.

Federal

- In April, Congress approved H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015. The act removed the Sustainable Growth Rate (SGR) methodology in determining the formula for payment for physician services and extended CHIP financing. The Act also amended the Patient Protection and Affordable Care Act to extend through FY2017 funding for Community Health Centers and the National Health Service Corps. Congress used a budget accounting maneuver by delaying the scheduled reductions in payments to hospitals serving a disproportionate number of Medicaid beneficiaries and the uninsured, called Disproportionate Share Hospitals (DSH), by one year from 2017 to 2018. Delaying these cuts further allows the 960 county-supported hospitals and others that serve Medicaid beneficiaries and the uninsured across the country to continue to stabilize local health care systems.
- In early May, Congress passed the FY2016 Budget Resolution. The budget resolution sets the level of discretionary spending and is a blueprint for changes in revenues and entitlement spending. Congress must take further action, i.e., Reconciliation, to implement appropriations for discretionary spending and make substantive changes in revenues and entitlements to fulfill the blueprint.

Key elements of the resolutions include repeal of the Patient Protection and Affordable Care Act (ACA) and repeal of Medicaid expansion. Alternatively, the resolution suggests the block-granting Medicaid through new "State Flexibility Funds" with the Children's Health Insurance Program (CHIP) consolidated into Medicaid. Although not explicitly described, the committees of jurisdiction might consider several Medicaid provisions that states use to ensure sufficient funding for Medicaid eligibles and the cost of serving the uninsured.

The current schedule for relevant committees to report their proposed revenue and entitlement changes is July 15, 2015. However, Congress will not begin to consider the reconciliation of the budget resolution in earnest until after the Supreme Court rules on *King v. Burwell*, deciding the status of the subsidies for individuals purchasing insurance through the Federal Exchange. There are discussions among Republican lawmakers on how to address the ACA should the Supreme Court rule out the subsidies.

- Congress has held hearings and there have been discussions about how the Section 340B Pharmaceutical Discount Program is operating. Most of the discussion concerns the transparency of pricing and the growth of drugs used in outpatient clinics that have come under the ownership of eligible hospitals.
- Protection of Medicaid remains a key priority for the Cook County Health & Hospitals System at both the State and Federal level.

Upcoming Community Events

- May 30 & 31 CCHHS and CountyCare promotion at **Gospel Festival** hosted by the **City of Chicago Department of Cultural Affairs and Special Events (DCASE)** at the **Millennium Park** located at 201 E. Randolph St. in Chicago. CCHHS will provide health screenings at the event. We will also do Medicaid enrollment and CountyCare promotion. We had a successful event at last year's festival which took place at Ellis Park in the Kenwood neighborhood of Chicago.
- June 4 CCHHS and CountyCare promotion at the **Senior Health & Safety Resource Fair** hosted by **CPD's 3rd District Community Policing** at the South Shore Cultural Center located at 7059 S. South Shore Dr. in Chicago.
- June 5-28 The 4th annual **"Step Up. Get Tested."** campaign hosted by the **Chicagoland HIV Testing Collaborative** has a series of HIV testing events throughout the month of June to encourage people to get tested for the disease. CCHHS and CountyCare will be promoted at the many event sites and the CORE Center will help with HIV testing and Prep Clinic promotion. Some of the event locations, right in our Cook County communities are the following:
- June 5 – Outreach and Testing Kick-off events:
 - 87th & Dan Ryan Red Line CTA Station, 15 W. 87th St. in Chicago.
 - Central & Lake Green Line CTA Station, 6321 S. Halsted St. in Chicago.
 - Harvey Bus Terminal, Park Avenue and 154th St. in Harvey.
 - Howard Red Line CTA Station, 7519 N. Paulina St. in Chicago.
 - Humboldt Park Fieldhouse, 1400 N. Sacramento Ave. in Chicago.
 - Roosevelt CTA Station, 1167 S. State St. in Chicago.
 - June 7 - "Soul Music Festival in the Park" at the 39th Street Beach in Chicago.
 - "Testing Across Chicagoland" on mobile testing Fridays
 - June 12 - Wilson Redline CTA Station, 4620 N. Broadway in Chicago.
 - June 19 - Pulaski & Lake Green Line CTA Station, 4000 W. Lake St. In Chicago.
 - June 26 - 47th & King Green Line CTA Station, 314 E. 47th St. in Chicago.
 - June 13 and 27 - Youth Skate Parties at the Markham Roller Rink located at 16630 Dixie Highway in Markham.
 - June 28 – Pride Festival Celebration - Montrose Beach, 4400 N. Lake Shore Drive.
- June 6 CCHHS and CountyCare promotion at the **Vive Tu Vida, Get up! Get Moving!** event hosted by **Chicago Hispanic Health Coalition and Alderman George Cardenas** at McKinley Park Fieldhouse located at 2210 W. Pershing Road in Chicago.
- June 6 Health Screenings provided by Provident Hospital and the Sengstacke Health Center and CountyCare promotion at the **Chicago Defender Living Well Family Fun Day Health Fair** event hosted by **The Chicago Defender** at their Bronzeville campus at 4445 S. King Drive.
- June 6 CCHHS and CountyCare promotion at the **2015 Expungement Summit** hosted by the **Cook County Clerk of the Circuit Court Dorothy Brown** at the Living World Christian Center located at 7600 W. Roosevelt Rd. in Forest Park. Over 3,000 people with records participate in this yearly event.
- June 20 CCHHS and CountyCare promotion at the **St. Joseph M. B. Church's Juneteenth Celebration and Parade** along Lake Street on Chicago's West Side.